

**FIRST RECONCILIATION, CONFIRMATION AND FIRST EUCHARIST
REGISTRATION**

St. Jean Baptiste Parish
10020-100 Ave, Morinville, AB T8R 1P7
Phone 780-939-4412 Fax 780-939-2016

PLEASE PRINT

Child's Last Name: _____

Child's Baptismal Names: _____

Date of Birth: _____ Father's Name: _____

Mother's Name: _____ Maiden Name: _____

Phone # _____ Address: _____

Postal Code: _____ E-mail: _____

School child attends: _____ Grade: _____

Name of Parish your child was baptized in: _____

*If your child was not baptised in St. Jean Baptiste Parish, a copy of the baptismal certificate is required.
If you do not have a copy contact the Parish where your child was baptized and have it faxed or mailed to
our office.*

City/Province Parish is located: _____

Are you a registered member of St. Jean Baptiste Parish? Please circle YES or NO

I am enrolling my child in...(check the classes that apply)

1st Reconciliation _____ / Confirmation _____ / 1st Eucharist _____

CONFIRMATION SPONSOR'S NAME (please print) _____

Town/City sponsor lives in _____

Catholic Parish the sponsor belongs to _____

A \$20 fee for each sacrament or \$60.00 for all three sacraments is required. Fees cover books and supplies. The exact amount is appreciated or a cheque payable to St. Jean Baptiste Parish.

As a parent I will help my child prepare for the sacraments. I will ensure that my child is on time for class.

Parent's Signature: _____

Date: _____