

CATECHETICAL STUDIES Registration 2023-2024
For children Grade 1-8 not currently attending Catholic school.
St. Paul the Apostle Parish Burlington ON

- You must be registered parishioners to participate in this program.
- You must enclose a copy of your child's Record of Baptism with this registration.
- If your child is age 8 or older and has not yet been baptized, they will be directed to participate in a different program. The Pastoral Minister will guide you through the registration if it is necessary.

FAMILY INFORMATION:

Child Registering:

<i>Given Name(s)</i>	<i>Last Name</i>
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Date of Birth: ___ mo ___ day ___ year **Male** ___ **Female** ___

Grade Fall 2023 _____ **School:** _____

Baptism Certificate Enclosed: _____ Yes (*proof of baptism is required to register*)

Mother's Name: _____ **Religion:** _____

Father's Name: _____ **Religion:** _____

Family Address: _____

<i># and Street Name</i>	<i>City</i>	<i>Postal Code</i>
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Primary Phone # _____ **Second Phone #** _____

Primary Email: _____

Second Email: _____

PROGRAM FEES & MATERIALS:

The parish utilizes various materials for sacramental preparation. Fees for this program offset these and other costs associated with the program.

Fees for 2023-2024 per child: \$60.00

Fees Enclosed: _____ **cash** _____ **cheque** _____ **E-transfer**

(cheques payable to St. Paul the Apostle Parish; E-transfer to be sent to paul22@cogeco.ca and please indicate "Child Name" and "Catechetical Studies" in the subject line)

DETAILS TO HELP US PREPARE YOUR CHILD'S PROGRAM:

Catechetical Experience:

- My child previously attended Catholic school.
(if yes, indicate years and school name _____)
- My child attends mass regularly with our family.
- My child attends mass infrequently with our family.
- My child has had limited experience attending Catholic mass.
- My child has participated in Catechetical Studies in the past.
(if yes, indicate programs completed: _____)

Does your child reside with both parents in one home? yes no
If no please indicate living arrangements: _____

Does your child have any special needs or learning challenges? yes no
If yes, please indicate in what way this will impact your child's ability to complete home based assignments, attend in person group gatherings and/or interact with the Catechetical Team and other children (please be specific; all information gathering will be kept confidential within the Catechetical Team). This information will help our team to target the program and/or sacramental preparation to best meet the child's needs and abilities.

SACRAMENTAL PREPARATION (if applicable):

It is my hope that my child will receive the following sacrament(s) this year:

Grade 2 and up: First Reconciliation & First Communion _____

Grade 7 to 8 Confirmation _____

If seeking sacrament of Confirmation please indicate year & parish where he/she received First Communion: _____

I understand that registering my child for Catechetical Studies will require commitment on my behalf as their primary catechist to ensure they complete all required reading, attend scheduled meetings/gatherings and will do my best to ensure their formation is supplemented with attendance at weekly mass.

Parent Signature: _____