CATECHETICAL STUDIES Registration 2022-2023

St. Paul the Apostle Parish Burlington ON

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For children Grade 1-8 not currently attending Catholic school.

- *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 Lay Parish Minister will guide you through the registration if that is necessary.*

FAMILY INFORMATION:

Child Registering:

_____

Given Name(s) *Last Name*

Date of Birth: ___mo ____ day _____ year Male ___ Female ___

Grade Fall 2022_____ School Attending: _____

Child's Baptism date: __day __ mo __ yr

Church of Baptism: _____Bapt. Certificate Enclosed _____

Mother's Name: _____

Mother's Religion: _____

Father's Name: _____

Father's Religion: _____

Address: _____ Postal Code: _____

Primary Phone # _____ __(c) __(w) __ (h)

Secondary Phone # _____ __(c) __(w) __ (h)

Primary Email: _____

Secondary Email: _____

DETAILS TO HELP US PREPARE YOUR CHILD'S PROGRAM:

It is important to us to understand your child's catechesis history and know some things about your child so we can ensure the program and support meets his/her needs. Please complete the following in full as best as possible:

____ 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 before
(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 and/or learning challenges? ____yes ____no

If yes, please indicate in what way this will impact your child's ability to complete at home work, attend in person group gatherings and/or interact with the Catechetical Team (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 their needs and abilities.

_____
_____
_____
_____
_____

SACRAMENTAL PREPARATION (if applicable):

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

First Reconciliation & First Communion _____ *(Grade 2 or older)*

Confirmation _____ *(Grade 7 or older)*

If seeking sacrament of Confirmation please provide information about their sacrament of First Communion:

Church of First Communion _____ Date: ____ (d) ___ (m) _____ (y)

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.

Name of Parent submitting registration: _____

Parent Signature: _____

FOR OFFICE USE ONLY:

Family Registered with Parish _____ Child's Baptism Certificate Enclosed _____

$60 Program Materials Fees Submitted: ____ *cash* ____ *cheque* ____ *e-transfer*

Child requires participation in RCIC _____

Program Level Assigned: _____

Sacrament(s) to Receive This Year:
_____ First Reconciliation
_____ First Communion
_____ Confirmation

Email sent verifying registration: _____

Important Notes:
_____
_____
_____
_____
_____
_____
_____