



**PAROISSE SAINT-THOMAS D'AQUIN**

**SAINT THOMAS AQUINAS PARISH**

413, Main Road, Hudson, QC J0P 1H0

Tel: 450-458-5322 / Fax: 450-458-5912

## Sacrament Preparation Registration

### CONFIRMATION – 2024/2025

*\* Children must have received their Sacrament of First Holy Communion and must be in Grade 6 or older prior to beginning their preparation for Confirmation*

**NAME OF CHILD:** \_\_\_\_\_  
Last Name First Name

**NAME OF SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DATE OF BAPTISM:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd / mm / yyyy dd / mm / yyyy

**CHURCH BAPTIZED AT:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
City Province/State Country

**MOTHER'S NAME:** \_\_\_\_\_  
Last Name (At Birth) First Name

**FATHER'S NAME:** \_\_\_\_\_  
Last Name First Name

**MAILING ADDRESS:** \_\_\_\_\_  
Civic No. Street Name Apartment #  
\_\_\_\_\_  
City Province Postal Code

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **ALTERNATIVE TELEPHONE #:** \_\_\_\_\_

\* Does your child suffer from any known food allergies:  NO  
 YES Please list foods: \_\_\_\_\_

**NAME OF CONFIRMATION SPONSOR:** \_\_\_\_\_  
\* must be baptized Roman Catholic & confirmed & Last Name First Name  
be 16 years or older

**I am interested in having my child registered for the group that meets on:**  Saturday  
(please check the time you prefer)  Weeknight (TBA)

**REGISTRATION FEE: \$75.00**  
(note that the costs are strictly related to the books & material provided and at cost price to the parish)

\_\_\_ Online \_\_\_ Cash \_\_\_ Cheque # \_\_\_ (payable to Saint Thomas Aquinas Parish) **A COPY OF**

**THE BAPTISMAL CERTIFICATE MUST BE ATTACHED TO THE REGISTRATION FORM**