



PAROISSE SAINT-THOMAS D' AQUIN
SAINT THOMAS AQUINAS PARISH
 413, Main Road, Hudson, QC J0P 1H0

Sacrament Preparation Registration
FIRST HOLY COMMUNION - 2024/2025

* Children must have received their Sacrament of Reconciliation prior to beginning their preparation for First Communion

NAME OF CHILD: _____
 Last Name First Name

NAME OF SCHOOL: _____ **GRADE:** _____

DATE OF BIRTH: ____/____/____
 dd / mm / year

DATE OF BAPTISM: ____/____/____
 dd / mm / year

CHURCH BAPTIZED AT: _____
 Name

 City Province/State

FATHER'S NAME: _____
 Last Name First Name

MOTHER'S NAME: _____
 Last Name (At Birth) 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: _____

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

REGISTRATION FEE: \$75.00	
<input type="checkbox"/> Online <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____	(payable to Saint Thomas Aquinas Parish)

A COPY OF THE BAPTISMAL CERTIFICATE MUST BE ATTACHED TO THE REGISTRATION FORM