



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

RECONCILIATION – 2024/2025

* Children must have been baptized Roman Catholic and must be in Grade 2 or older prior to beginning their preparation for Reconciliation

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: _____
Church 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: _____

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
(note that the costs are strictly related to the books & material provided and at cost price for the parish)

___ Online ___ Cash ___ Cheque # ___ (payable to Saint Thomas Aquinas Parish)

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