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 – 2025/2026

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

	Last Name	First Nar	ne
AME OF SCHOOL			GRADE:
ATE OF BIRTH: _	/ / dd / mm /yyyy		
ATE OF BAPTISM	I: // dd / mm / yyyy		
HURCH BAPTIZE	Church Name		
	City	Province/State	Country
OTHER'S NAME:	Last Name (At Birth)	First Nar	ne
ATHER'S NAME:	Last Name	First Name	
IAILING ADDRES	S:		
	Civic No.	Street Name	Apartment #
	City	Province	Postal Code
-MAIL ADDRESS:			
ELEPHONE #:		ALTERNATIVE TELEPHONE #:	
Does your child suf	fer from any known food	allergies: NO	
		YES Please list foods:	
Online r	egistrations and payme	ents can be sent to <u>info@paroisses</u>	tthomas.com
(note that the costs		RATION FEE: \$75.00 e books & material provided and at c	cost price for the pari