



St. Gerard Parish

45 Foster Street • Winnipeg, MB • R2L 1V8

204-667-0523 • stgerpar@gmail.com • www.stgerardwinnipeg.com

First Reconciliation Registration

Registration Checklist

- My child is baptized in the Roman or Ukrainian Catholic Church _____
- My child will be at least seven years old by October of this year _____
- My child has not yet received their First Reconciliation _____
- My child is enrolled in Catholic catechism classes or a Catholic school _____
- We are prepared to participate in the preparation to receive the sacraments _____

If you have checked all the above, please continue filling out this form and return pages to the parish office as soon as possible. If you did not check all of the above, contact the parish office for further information.

Your registration is not complete without the following:

1. Photocopy of your child's birth certificate
2. Photocopy of your child's baptism certificate

I have included a photocopy of my child's birth certificate _____

I have included a photocopy of my child's baptism certificate _____

I will hand in the required photocopies at the parent information meeting _____

Please Note

Families preparing for a sacrament must attend Mass on a regular weekly basis and special liturgical celebrations such as Christmas, Lenten Liturgies, and Easter.

Attendance Policy:

Students are expected to attend all scheduled sessions. Students with more than three unexcused absences will be asked to repeat the program next year.

Child's Information

Last Name: _____ First Name(s): _____

Gender: _____ Current Address: _____

Birth: Date (yr _____ mm _____ dd _____) City _____ Country _____

Baptism: Date (yr _____, mm _____ dd _____) City _____ Country _____

Church of attendance: _____ **Diocese:** _____

Child was baptized (check one): Roman Catholic _____ Ukrainian Catholic _____ Other _____

If "Other", please describe: _____

Child attends (check one): St. Gerard Catechism _____ St. Gerard School _____ Other _____

If "Other", please describe: _____

On occasion during the preparation process, the children may be offered snacks or treats. Does your child have any allergies or other health concerns we should be aware of?

Photo & Video Authorization

St. Gerard Parish volunteers may take photographs and videos of children during Sacrament preparation for use in parish communications, including our website, social media and bulletin.

I am aware that my child may be photographed or recorded during Sacrament Preparation. If I do not want my child to be included, I acknowledge that I am responsible for informing the Program Coordinator.

Parent/Guardian Name _____ Signature _____

Payment Information: There is a \$60.00 fee for the first child and \$50.00 for each additional child for Sacrament preparation in our church. This helps to cover the cost of the materials used during the preparation sessions.

Office Use: Date _____ Received by _____ Amount _____

Chq # _____ Cash _____

Family & Contact Information

Birth Father:

Last Name: _____ First Name(s): _____

Mailing Address: _____

Phone #: _____ Alt. #: _____ Email: _____

Baptized: Roman Cath. ____ Ukrainian Cath. ____ Other ____ Church of Attendance: _____

Spouse: Last Name: _____ First Name(s): _____

Birth Mother:

Last Name: _____ First Name(s): _____ Maiden Name: _____

Mailing Address: _____

Phone #: _____ Alt. #: _____ Email: _____

Baptized: Roman Cath. ____ Ukrainian Cath. ____ Other ____ Church of Attendance: _____

Spouse: Last Name: _____ First Name(s): _____

Legal Guardian: Last Name: _____ First Name(s): _____

Mailing Address: _____

Phone #: _____ Alt. #: _____ Email: _____

Please send all correspondence to: Father _____ Mother _____ Legal Guardian _____

Please ensure all contact information especially **emails** are filled out correctly as this is the **primary form of contact** throughout the preparation process. If this will be a problem for you, please state an alternate method of communication.
