

St Gerard Parish
45 Foster Street, Winnipeg, Manitoba R2L 1V8
phone: 204.667.0523 fax: 204.667.1699 email: stgerpar@mymts.net www.stgerardwinnipeg.com

Catechism Registration Form

Las	t Name:
Ge	nder: Grade:
Me	dical #:
•	My child has received the following Sacrament(s): \Box Baptism \Box First Reconciliation
	☐ First Communion ☐ Confirmation
•	Will your child be receiving a Sacrament (First Reconciliation, First Eucharist or Confirmation) this
	year? □ Yes □ No
•	If yes, which Sacrament?
•	Have you filled out the separate form and registered for the Sacrament? $\ \square$ Yes $\ \square$ No
	If your child will be receiving a Sacrament this year, and you have not yet filled out a separate
	Sacrament registration form, please fill out the appropriate separate form and return it to the
	parish office.
Are	e there any allergies or medical concerns we should be aware of?

Parent/Guardian Information:

	(First and Last Name	
Relation to Student(s)?		
-mail:		
:maii:		
Phone:		
Mailing Address:		
<u></u>		
Photo Authorization (F	Please Check One)	
□ Lgive St. Gerard Parish :	nermission to use my child's nhoto	o on the parish social media, bulletin
and/or website.	sermission to use my tima s photo	on the purish social media, bunctin
•	Parish permission to use my child	's photo on our parish Facebook Page
•	and permission to use my child	a burger our ear barrour racessour rage
bulletin, or website.		
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Notes and Reminders	<u>.</u>	
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