

**St Gerard Parish, 40 Foster Street
Winnipeg, MB R2L 1V8**

First Reconciliation & Communion Registration

Registration Checklist

- My child is baptized in the Roman or Ukrainian Catholic Church _____
- My child will be at least seven years old by May of the coming year _____
- My child has not yet received their First Reconciliation or Communion _____
- 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 checked all the above, please continue filling out this form and return to the parish office. If you did not check all the above, please 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.
- Children wishing to receive their first communion must also prepare for and celebrate their first reconciliation. By filling out this registration, you are agreeing to the preparation of both sacraments.

Reconciliation/Communion Registration *Child Information*

Surname _____ Given Name(s) _____ Gender _____

Current Address _____

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

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

Name of Church _____ Diocese _____

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

If "Other", please describe _____

Candidate attends (**check one**) St. Gerard _____ St. Gerard _____ Other _____

If "Other", please describe _____

On occasion during the preparation process, the children may be offered snacks or treats.

Allergies/Health Concerns:

Photo Release:

Yes, I understand photos of myself and/or my child may be used in parish media _____

No, photos of myself and/or my child may not be used in parish media _____

Parent/Guardian Name _____ Signature _____

Payment Information: Registered parish members: \$30.00 Non-registered guests \$40.00

Registered members of the parish help supplement the cost of materials for workshops etc. through regular donations to the parish via tax deductible weekly donations. If you wish to become a registered member of the parish, please contact the parish office.

Office Use: Date _____ Received by _____ Amount _____

Chq # _____ Cash _____

Reconciliation/Communion Registration

Family & Contact Information

Birth Father:

Surname _____ Given Name(s) _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

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

Spouse: Maiden Name _____ Given Name _____

Birth Mother:

Maiden _____ Given Name(s) _____ Surname _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

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

Legal Guardian:

Surname _____ Given Name(s) _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

Please send all correspondence to Father ____ Mother ____ Legal Guardian ____

Please ensure all contact information especially **email** is 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. _____