



2017-18 Registration: Sacraments of First Reconciliation and First Eucharist

(First Confession and First Holy Communion)

Return this form to your child's teacher, to the parish office, or bring to the first prep evening.

Name of Child: _____
Last Name First Name Middle Name

Date of Birth: _____ M ____ F ____
yyyy/mm/dd

Father's Name: _____ Religion: _____
Last Name First Name

Mother's Name: _____ Religion: _____
Last name at BIRTH First Name

Date of Child's Baptism: _____
yyyy/mm/dd

Place of Baptism: _____
Name of Church City & Province (Provide **FULL** address if not in Canada)

****Please attach a copy of the **Child's Baptism Certificate** to this registration,

unless the child was baptised at Holy Family Parish, St. Albert, AB****

School child attends: _____

Home mailing address: _____

Email address: _____

Daytime & Evening Phone #'s: _____

Signature of Parents / Guardian: _____

*Our Mission is to live in the Spirit of the Holy Family
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