



**2018-19 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:** \_\_\_\_\_  
Maiden Name 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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