Saint Vital
CATHOLIC CHURCH

1629 Pembina Hwy, Winnipeg MB, R3T 1X5
Telephone: (204) 453-0933 E-mail: candace@stvitalparish.ca

Religious Education – Registration Form 2019/2020

Child's Name _____ Home phone _____

Primary Address of child _____Postal Code _____

Father's Name_____ Catholic Yes___ No ____ Specify_____

Work_____ Cell _____E-mail_____

Mother's Name_____ Catholic Yes___ No____ Specify_____

Work_____ _ Cell_____E-mail_____

Are you a registered parishioner of St.Vital Parish? Yes___No___
Do you belong to another parish? Yes___No___. If Yes which parish _____

Child's Grade in school _____ Age _____
Date of Birth_____

Attends Catholic school Yes___No___ List level of catechism completed_____
Registering for what level of catechism _____

Sacraments already celebrated
Baptism _____ 1st Reconciliation _____ 1st Communion _____ Confirmation _____

********** PLEASE SEE REVERSE **********

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Child resides with both_____ mother_____ father_____

MB Health Card # _____

EMERGENCY CONTACT:

Name:_____Relationship to child _____

Phone Number:_____

Please indicate any allergies/health conditions/behavior issues or special needs we should know about
_____
_____
_____

Fee $25.00 (Early Bird – **before** Sept.23rd) Paid _____
$30.00 (**after** Sept. 23rd) Paid _____