

Sunday Catechism



Registration Form

Childs Name: _____ / _____ / _____ M or F
First Name Middle Name Last Name Gender

Date of Birth: _____ / _____ / _____ Nationality: _____
Day Month Year

School Attending: _____ Grade: _____

Sacraments Received

Baptism: _____
Year Parish Received

Reconciliation: _____
Year Parish Received

First Eucharist: _____
Year Parish Received

Mothers Name: _____ Contact Number: _____
Mobile Number

Fathers Name: _____ Contact Number: _____
Mobile Number

Email Contact: _____ Date of Registration: _____
Primary Contact only

Registered Siblings: _____ / _____ / _____
First Name only

Childs special needs or allergies? _____

Please provide copies of Sacrament Certificates upon registration.

-----Administration Only-----

Registration Fee Paid (150Dhs): Receipt Number: _____

Baptism Certificate on file:

Class Allocated: _____