



Parish of Saint John Paul II  
Archdiocese of Montreal

34, 34<sup>th</sup> Avenue, Lachine, Quebec H8T 1Z2  
Tel. 514 637-2379 / 514-600-1200 Fax; 514 637-2370

**REGISTRATION FORM FOR FAITH FIRST**

(which includes sacramental preparation)

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE FOR 2021-2022 \_\_\_\_\_  
WHICH SACRAMENTS, IF ANY, HAS YOUR CHILD RECEIVED \_\_\_\_\_

WHERE & WHEN \_\_\_\_\_  
CHURCH OF BAPTISM \_\_\_\_\_  
PREVIOUS FAITH FIRST LEVELS \_\_\_\_\_  
CHURCH WHERE FAITH FIRST TAKEN \_\_\_\_\_

FATHER:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

MOTHER:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(if different \_\_\_\_\_  
from father's) \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

e-mail address \_\_\_\_\_

e-mail address \_\_\_\_\_

Registration fee is \$TBD per child. If you have not done so, please supply child's original baptismal certificate (not required if baptized here) which will be returned to you. The amended session will begin TBD- via Zoom. (Links to follow).

*I will journey with my child by attending 10:00 am Mass each Sunday following the lessons. I will spend at least 1 (one) hour a week at home working with them in their workbooks and will attend all parents' meetings.*

**Signature:** \_\_\_\_\_

Please affirm your commitment by signing above.

Thank you

Please do not write below this line \_\_\_\_\_

If Baptized at Resurrection Parish, please note the date / year \_\_\_\_\_  
Baptismal Certificate received \_\_\_\_\_ Payment received \_\_\_\_\_ Grade of Book Given \_\_\_\_\_  
Baptismal Certificate returned \_\_\_\_\_ Receipt given \_\_\_\_\_