



# All Saints Youth Formation Registration 2024-25

## PARENT/S INFORMATION

Mother First Name \_\_\_\_\_

Father First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/ Province/ P.Code \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother Phone/ Cell \_\_\_\_\_ Dad Phone/ Cell \_\_\_\_\_

## CHILD'S INFO

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender  M  F  O \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Birthday \_\_\_\_\_

Sacraments Completed  Baptism: Date \_\_\_\_\_ Location \_\_\_\_\_  
 Reconciliation: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Eucharist: Date \_\_\_\_\_ Location \_\_\_\_\_  
 Confirmation: Date \_\_\_\_\_ Location \_\_\_\_\_

Program  JAM Preschool to Grade 6  EDGE Grade 7 – 9

Registration FOR:  Confirmation Grade 10+

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Birthday \_\_\_\_\_

Sacraments Completed  Baptism: Date \_\_\_\_\_ Location \_\_\_\_\_  
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## OTHER INFO

Allergies or Special Medical Requirements \_\_\_\_\_

Do our team need to know any other information that would be important to ensuring your family has an incredible experience with our Youth Faith Formation Programs? \_\_\_\_\_