



All Saints Youth Formation Registration

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 _____

Grade in Sept. _____

2025-2026

Birthday _____

Sacraments
Completed

☐ Baptism: Date _____ Location _____
☐ Reconciliation: Date _____ Location _____
☐ 1st Eucharist: Date _____ Location _____
☐ Confirmation: Date _____ Location _____

Program

☐ JAM Preschool to Grade 6 ☐ Alpha Grade 7 –

Registration FOR:

☐ Confirmation Grade 10+

CHILD'S INFO

First Name _____

Last Name _____

Gender

☐ M ☐ F _____

Grade in Sept. _____

2025-2026

Birthday _____

Sacraments
Completed

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☐ 1st Eucharist: Date _____ Location _____
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Program

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Registration FOR:

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All Saints Youth Formation Registration 2024-25

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2025-2026

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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? _____