

## All Saints Youth Formation Registration

PARENT/S INFOR	MATION					
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			F	Gra	de in Sept.	
Birthday					•	
Sacraments Completed	☐ Baptisn☐ Recond☐ 1st Euch☐ Confirm	iliation: narist:	Date Date		Location Location	
Program	□IAM Pre	eschool t	o Grade 6 □	] FDGF G	Grade 7 – 9	
Registration FOR:	□Confirm					
CHILD'S INFO						
First Name						
Last Name	•					
Gender	 □M □F		F	Gra	de in Sept.	
Birthday	•				·	
Sacraments Completed	☐ Baptisn☐ Recond☐ 1st Euch☐ Confirm	iliation: narist:	Date Date		Location	
Program	□IANA Dra	school +				
Registration FOR:	□JAM Preschool to Grade 6 □ EDGE Grade 7 – 9 □Confirmation Grade 10+					



## All Saints Youth Formation Registration 2024-25

CHILD'S INFO					
First Name					
Last Name					
Gender	☐M ☐F Grade in Sept.				
Birthday					
Sacraments	Baptism: Date Location Location				
Completed	☐ 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+				
CHILD'S INFO					
First Name					
Last Name					
Gender	☐M ☐F Grade in Sept.				
	Grade in Sept.				
Birthday	☐ Baptism: Date Location				
Sacraments Completed	☐ Reconciliation: Date Location				
Completed	1st Eucharist: Date Location				
	☐ Confirmation: Date Location				
Program	□ Confirmation Grade 10+				
Registration FOR:					
OTHER INFO					
Allergies or Special Me	edical				
Requirements					
Do our team need to know any other information that would					
be important to ensuring your					
family has an incredible					
experience with our Your Formation Programs?	outh Faith				
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