

# Sacrament Preparation Registration Form

## Christ the King Roman Catholic Parish

3239 Garnet Street, Regina Sk. S4S 1X8 Phone: 306-586-9020 Fax: 306-584-7633 Email: [ctk@myaccess.ca](mailto:ctk@myaccess.ca)

### PARENT INFORMATION:

**Father's Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Complete Home Mailing Address:**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Complete Home Mailing Address (if different from above):**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Place of Marriage:**

Parish: \_\_\_\_\_ City: \_\_\_\_\_

**Religion:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

### CHILD INFORMATION

**Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**Date of Birth:**

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Please indicate the sacraments your child has already received:**

Baptism     First Reconciliation     Confirmation     First Holy Communion

**PLEASE INDICATE THE INTRO SESSION YOU AND YOUR CHILD WILL ATTEND ON OCTOBER 15**

Sunday 2:00 – 3:00 pm     Sunday 3:30 -4:30 pm     Sunday 7:00 – 8:00 pm

**PLEASE INDICATE THE MASS CELEBRATION YOU PLAN TO ATTEND ON A WEEKLY BASIS WITH YOUR FAMILY**

Saturday @ 5p.m.     Sunday @ 9 a.m.     Sunday @ 11 a.m.

**TO BE COMPLETED DURING THE SACRAMENT PREPARATION SESSION****Sponsor Information:****Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish they attend: \_\_\_\_\_

Email address: \_\_\_\_\_

**Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish they attend: \_\_\_\_\_

Email address: \_\_\_\_\_

**OFFICE USE ONLY**

Fees: \_\_\_\_\_ Cheque Cash

Baptism Certificate: \_\_\_\_\_

Parish Registration Form completed: \_\_\_\_\_

Welcome Email sent: \_\_\_\_\_

Date Recorded in Registrar: \_\_\_\_\_