

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

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 14

Sunday 1:30 – 3:00 pm Sunday 3:30 – 5:00 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.

OFFICE USE ONLY

Fees: _____ Cheque Cash

Baptism Certificate: _____

Parish Registration Form completed: _____

Welcome Email sent: _____

Date Recorded in Registrar: _____