

Returning Student New Student 

## St. Augustine of Canterbury Church

### Faith Formation Office

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### REGISTRATION FOR ONCE WEEKLY CATECHISM CLASS

CHILD SURNAME	CHILD'S GIVEN NAME
NAME OF CHILD'S SCHOOL	CHILD'S SCHOOL GRADE LEVEL
<b>LAST CATECHISM CLASS ATTENDED</b> Last Catechism Level Taken: _____ When? _____ At St. Augustine? _____ At Another Parish _____ Name of other Parish/Catholic School: _____	<b>ANY MEDICAL CONDITION ALLEGRIES OR SPECIAL NEEDS</b>

**PLEASE CIRCLE THE DAY YOU ARE REGISTERING FOR..... SCHOOL YEAR 2018 – 2019**

CLASS SCHEDULES	THURSDAYS 6:30 – 7:30PM	SUNDAYS 9:45-10:45AM	SIBLING LEVELS	HOME STUDY (valid reasons)	<b>CONFIRMATION / Gr. 8</b> <i>(Please fill out the Green Form)</i> <b>\$90.00</b> Fee for Retreats & Materials. Classes on <b>TUESDAYS 7:00-8:30PM/</b> starting <b>NOVEMBER</b> , date to be announced.
<b>CATECHISM LEVEL</b>	K, 1, 2, 3, 4, 5, 6, 7	K, 1, 2, 3, 4, 5, 6, 7		K, 1, 3, 4, 5, 6, 7	
First Reconciliation/ Eucharist	Fill up Yellow Form _____			<b>Grade 2 is not available for Home Study</b>	

**FEES/PAYMENT MODE FOR WORKBOOK/ MATERIALS REQUIREMENTS**

ONE CHILD	FAMILY RATE	AMOUNT RATE	CHEQUE #	DATE PAID
<b>\$ 55.00 / K - 7</b>	<b>\$ 120.00</b>	\$	#	
FIRST RECONCILIATION & EUCHARIST MATERIALS	<b>\$ 50.00</b>	\$	#	
CONFIRMATION	<b>\$ 90.00</b>	\$	#	

**IF ENROLLED BY LEGAL GUARDIAN PLEASE PROVIDE YOU NAME AND CONTACT DETAILS:**

NAME: \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

CONTACT DETAILS: (TEL.) \_\_\_\_\_ EMAIL: \_\_\_\_\_ DATE \_\_\_\_\_

**The following information is required in order that we may keep our records up to date**

**Please answer all questions**

Child's Date of Birth	Day:	Month:	Year:	Place:
Date of Baptism	Day:	Month:	Year:	Place:
First Communion	Day:	Month:	Year:	Place:
Father's Name: _____		Mother's Name: _____		
Catholic? Yes ( ) No ( )		Catholic? Yes ( ) No ( )		
Registered Parishioner? Yes ( ) Not Yet ( )		Registered Parishioner? Yes ( ) Not Yet ( )		
Father's Contact # _____		Mother's Contact # _____		
Email Address: _____		Email Address: _____		
Mailing Address: _____				Postal Code _____

**Registration Deadline: June 30, 2018**

**Registration received after this date will be charged \$10.00 late fee per child.**