

ST. IGNATIUS SUNDAY SCHOOL REGISTRATION

Date of Registration: _____

Family Name: _____

Children's Names	Male/ Female	Birthday	Grade at School	Catechism Level (Class)	Baptismal Date & Place	Allergies/ Special Needs

PLEASE Print Clearly

Father's Name: _____ Mother's Name: _____

Home Phone Number: () _____ - _____

Address: _____ Postal Code: _____

Business Phone (Circle: Mom or Dad): () _____ - _____

Email Address: _____

The cost is \$25 for each child, \$60 for a family. First Communion and Reconciliation Candidates pay an additional \$10.

Envelope Number: _____ Amount Paid: _____

Cheque: _____ Cash: _____

Would you be interested in helping the Sunday School in some way? How? _____
