PAROISSE SAINT-THOMAS D'AQUIN
SAINT THOMAS AQUINAS PARISH
413, Main Road, Hudson, QC J0P 1H0
Tel: 450-458-5322 / Fax: 450-458-5912

Sacrament Preparation Registration
FIRST HOLY COMMUNION - 2021/2022

☐ Sunday Class
☐ Weekday (TBA)

** children must have received their Sacrament of Reconciliation prior to beginning their preparation for First Communion*

NAME OF CHILD: _____
Last Name First Name

NAME OF SCHOOL: _____ **GRADE:** _____

DATE OF BIRTH: ___/___/__
dd / mm / year

DATE OF BAPTISM: ___/___/__
dd / mm / year

CHURCH BAPTIZED AT: _____
Name

_____
City Province/State

FATHER'S NAME: _____
Last Name First Name

MOTHER'S NAME: _____
Last Name (At Birth) First Name

MAILING ADDRESS: _____
Civic No. Street Name Apartment #

_____
City Province Postal Code

E-MAIL ADDRESS: _____

TELEPHONE #: _____ **ALTERNATIVE TELEPHONE #:** _____

*** Does your child suffer from any known food allergies:** ☐ **NO**

☐ **YES** **Please list foods:**_____

REGISTRATION FEE: $75.00

☐ **Cash** ☐ **Cheque #** ____ (please make cheque payable to Saint Thomas Aquinas Parish)