



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 - 2022/2023

** 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: _____

I am interested in having my child registered for the group that meets on: _____ Sunday
(please check the time you prefer) _____ Weeknight (TBA)

REGISTRATION FEE: \$75.00

____ Online ____ Cash ____ Cheque # ____ (payable to Saint Thomas Aquinas Parish)