



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

CONFIRMATION – 2022/2023

** children must have received their Sacrament of First Holy Communion and must be in Grade 6 or older prior to beginning their preparation for Confirmation*

NAME OF CHILD: _____
Last Name First Name

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

DATE OF BIRTH: ____/____/____ **DATE OF BAPTISM:** ____/____/____
dd / mm / yyyy dd / mm / yyyy

CHURCH BAPTIZED AT: _____
Name

City Province/State Country

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

FATHER'S NAME: _____
Last Name 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: _____

NAME OF CONFIRMATION SPONSOR: _____
* must be baptized Roman Catholic & confirmed & be 16 years or older Last Name First Name

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

REGISTRATION FEE: \$75.00
(note that the costs are strictly related to the books & material provided and at cost price to the parish)

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