

Faith Development Year 20__ to 20__

St. Augustine's

St. Lawrence O'Toole

Name of Parents or Guardians: _____

Address: _____ Postal Code _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

Child's Name (Please Print)	Date Of Birth D/M/Y	Date of Baptism D/M/Y	Name & Address of Church where Baptised	1 st Eucharist Celebrated	Reconciliation Celebrated	Confirmation Celebrated
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Photo Waiver/Release
 Do you give Queen of All Saints Parish permission to use any photos taken of your child on our Queen of All Saints website or on the Diocese of Moncton website? [] Yes [] No

Date: _____ **Parent's/Guardian's Signature** _____

Please check where you feel you can help as a volunteer to support your family's Faith Development Program:

- Catechist
 Catechist Helper
 Facilitator

Your Name: _____ Phone Number: _____

Please return this form to the parish office as soon as possible with the registration fee of \$30 per child or \$50 for families with more than one child. This fee helps defray a small portion of the cost of manuals, workbooks and supplies for the program.

Signature: _____ Date: _____