

**SACRED HEART CHILDREN'S FAITH FORMATION  
REGISTRATION FORM**

Registration Date: (dd/mm/yy) \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: (dd/mm/yy) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Grade in September 2024: \_\_\_\_\_ Child's School: \_\_\_\_\_

Parent's Names: Mom: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Dad: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: Mom: \_\_\_\_\_ Cell# \_\_\_\_\_

Dad: \_\_\_\_\_ Cell# \_\_\_\_\_

My child is interested in: Altar Serving \_\_\_\_\_ Ushering \_\_\_\_\_ Gift Bearer \_\_\_\_\_

**SACRAMENTS YOUR CHILD HAS RECEIVED**

Baptism: \_\_\_\_\_ Date: (dd/mm/yy): \_\_\_\_\_ Church: \_\_\_\_\_

**\*\* Important:** Please attach copy of child's Baptismal Certificate **\*\***

1<sup>st</sup> Reconciliation: \_\_\_\_\_ Year: \_\_\_\_\_ Church: \_\_\_\_\_

1<sup>st</sup> Holy Communion: \_\_\_\_\_ Year: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Year: \_\_\_\_\_ Church: \_\_\_\_\_

Please email completed form and copy of Baptismal Certificate to Lidia Moodie, Religious Ed. Coordinator,  
at [sacredheartreled@rcdvictoria.org](mailto:sacredheartreled@rcdvictoria.org). Thank you.

( **For office use only:** Copy of Baptismal Certificate received Yes / No )