

Margaree Family of Catholic Churches
Religious Education "Finding God" Program

Parish: St Joseph ___ St Michael ___ St Patrick ___ Other _____

Child/Youth Information (please print)

Last Name	First Name	Middle Name(s)
Parents/Guardians		Mother's Maiden Name
If youth resides with someone other than the parent/guardian listed above, please indicate:		
Civic address, PO Box/RR #		Town
Postal Code	School	Grade
Date of Birth	Place of Birth	

Please parent/guardian contact info & indicate the best means of contact:

Home Phone:

Cell Phone:
 Text Message

Email:

Facebook Message to:

Sacraments -please indicate which have been celebrated by your child/youth:

___ Baptism	Parish _____	Age, or _____
	Town _____	Year _____
___ First Confession	Parish _____	Age, or _____
	Town _____	Year _____
___ First Communion	Parish _____	Age, or _____
	Town _____	Year _____
___ Confirmation	Parish _____	Age, or _____
	Town _____	Year _____

As parent/guardian, I am committed to participating in the Finding God Program and supporting & encouraging faith education at home. To confirm, please sign: _____

There is a \$15/child or \$25/family fee to help cover the costs of workbooks. Paid _____