

St. Agnes Parish

Registration for 2010-2011 Catechetical Program

*Please return completed form with payment to: **St. Agnes Church**
Attn: **Tanya Thomson**
6903 Mumford Rd
Halifax N.S. B3L 2H4*

Religious Education Class Times

Year 1, 2, 3, 4 and 5 > **9:30am – 10:20am**
 Preschool and Primary > **10:20am -10:50am**
 Year 6, 7, 8 & 9 > **11:30am – 12:30am**

| | | | |
|---|--|--|---|
| Program Fee | \$30.00 Per Child | # of children _____ | = |
| | \$75.00 for Family of 3 children or more | # of children _____ | = |
| Please make cheques payable to St. Agnes Church. The fee is to assist with program costs; it is not meant to be a barrier. | | | Amount Due = |
| Parent /Guardian Names _____ | | | |
| Email Address _____ | | | |
| Mailing Address _____ | | | |
| Contact Phone #'s _____ | | | |
| Child / Youth Information | Child #1 | Child #2 | Child #3 |
| First Name | | | |
| Middle Name | | | |
| Last Name | | | |
| Grade Level for this year _____ | | | |
| Date of Birth: mm/dd/yy _____ | | | |
| **Date / place of Baptism** _____ | | | |
| First Reconciliation: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Communion: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Confirmation: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any special needs/ allergies? If YES, please explain | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To ensure the success of our program every family is needed. Please indicate how you prefer to contribute to the Religious Education Program | Catechist (weekly commitment) <input type="checkbox"/> Yes Preferred Class Level _____ | Assistant Catechist (weekly commitment) <input type="checkbox"/> Yes Preferred Class Level _____ | Substitute Catechist (as needed) <input type="checkbox"/> Yes Preferred Class Level _____ |
| Children's Liturgy (weekly commitment) <input type="checkbox"/> Yes | Gym Monitor (4-6 week commitment) <input type="checkbox"/> Yes | Religious Ed Committee (monthly commitment) <input type="checkbox"/> Yes | <i>Is there anyone in your home interested in becoming a Catholic and joining RCIA (Rite of Christian Initiation for Adults)?</i> Name: _____ |

If you have any questions regarding the Catechetical Program please contact Tanya Thomson.
 Phone# 902-454-8281 Email stagnesdre@eastlink.ca

A candle loses nothing by lighting another candle (Anonymous)

