

CHILD'S INFORMATION		
Full Christian Name	Grade	Age
Street Address		
City	Postal Code	School
Phone	Cell Phone	
Parent Email Address		
Mothers Name	Fathers Name	
Mothers Phone	Fathers Phone	
Emergency Contact (other than parents)	Phone	Relation to Child
Child's Date of Birth		
Does your child carry an Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Medical Conditions or Allergies		
PARENT INFORMATION		
Mothers Full Legal Name (Maiden Name)		
Fathers Full Legal Name		
Religion of Mother	Religion of Father	
Name of Location of Marriage	Date of Marriage	
SACRAMENTAL LIFE		
Are you a registered member of St. Margaret's Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been Baptized in the Roman Catholic Faith? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, has your child been Baptized in another faith? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often does your family attend Mass? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Christmas/ Easter and Special Occasions <input type="checkbox"/> Rarely		
Where does your family attend Mass?		

PERMISSION	
I/we understand that reasonable precaution will be taken to safeguard the health and safety of all children and that the parents and/or designated emergency contact person will be notified as soon as possible in case of an emergency. In the event of any sickness or accident person(s) will not hold St. Margaret's Parish, the Archdiocese of Toronto, any volunteer or chaperone responsible.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist or surgeon; licensed to practice in the Province of Ontario. The undersigned understands and agrees that any medical, dental or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the parent and/or emergency contact in the event that treatment is necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In signing this I am granting my child permission to participate in activities at St. Margaret's Parish, 589 Hugel Avenue, Midland, Ontario.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand my son/daughter's photograph and/ or likeness and name may be used in future promotion whether that be a parish publication, St. Margaret's social media including, but not limited to Facebook and Instagram, website or video publication. Please know, if you do NOT wish to have your child photographed, please explain to your child that it is his/her responsibility to remove him/herself from group pictures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
DECLARATION OF CANDIDATE	
I _____ ask to receive my First Reconciliation and First Holy Communion. Therefore;	
I will participate at Sunday Mass every week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will participate in my Communion preparation sessions to the best of my ability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will pray regularly and attempt to show love for others.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will exercise my Christian responsibilities by responding to needs in my community, school, parish or home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE	
Signature of Candidate	Date
Signature of Parent/ Guardian	Date
If you have any questions, please contact St. Margaret's Parish at email: stmargarets@rogers.com or phone: 705-526-6313 ext 1	

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Donation Received Sacramental Registers: <input type="checkbox"/> First Confession <input type="checkbox"/> First Communion	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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