



ST. PETER'S CHURCH  
ONE HEART AND ONE MIND

### SACRAMENTAL PREPARATION REGISTRATION FORM

Today's Date: \_\_\_\_\_

Please indicate which Sacrament your child will be preparing for:

- First Holy Eucharist / Reconciliation
- Confirmation

Name of Child: \_\_\_\_\_ Date of Birth (Y/M/D): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School presently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the Child have any special conditions or take any medications of which we should be aware?  
If so, please explain briefly:

\_\_\_\_\_

Has the child received any of the following Sacraments?

<i>Sacrament</i>	<i>Yes</i>	<i>No</i>	<i>Location</i>	<i>Year</i>
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Holy Eucharist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Although all Sacraments are free, we ask that you donate an amount per child in order to help cover the cost of materials. The suggested donation is \$60 but families may give any amount.

**Please complete this form and return it to St. Peter's Church**

<b>FOR OFFICE USE ONLY</b>	
If baptized outside STP - Baptismal Certificate Received	<input type="checkbox"/> Date Received: _____
If baptized at STP - Verified in Registry	<input type="checkbox"/> Registry Info: _____
Rite of Enrollment Form Received	<input type="checkbox"/> Date Received: _____
Mass Selection Received (FC Only)	<input type="checkbox"/> Date Received: _____
Volunteer Form Received (Confirmation Only)	<input type="checkbox"/> Date Received: _____
Sponsor Selection Received (Confirmation Only)	<input type="checkbox"/> Date Received: _____

### ST. PETER'S CHURCH

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