OUR LADY OF THE AIRWAYS PARISH

For **CATECHISM** Information Call:

**Phone**: 647-978-6513 or

**EMAIL:**

olasacramentalpreparation20@gmail.com

7411 Darcel Ave,

Mississauga, On, L4T 2X5

Phone: 905-677-4615

e-mail: ourladyoftheairways@archtoronto.org

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| **FOR OFFICE USE ONLY** | **FIRST CONFESSION** **&****FIRSTCOMMUNION****Year 2024- 2025** | **Copy of Baptism Certificate:**Yes \_\_\_No\_\_\_**Payment: $60.00** Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_ Cash\_\_\_ Cheque\_\_\_\_Received by:\_\_\_\_\_\_\_\_\_\_ Date\_\_\_ |

**Registration Requirements:** 1. Students must have been baptized in the Roman Catholic Faith (attach a copy

 of Baptismal Certificate) Not BIRTH CERTIFICATE.

 2. Student must be in Grade (2) or higher and family must be attending

 Our Lady of the Airways Parish.

 3. Payment of **$60.00**-registration fee to offset costs of workbook and other supplies.

 4. Please keep a copy/ take a picture of this registration for your records before submitting t.

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| **Student’s Name** (Use the name as written  on the Baptismal Certificate, NOT the Birth Certificate) | Please complete this form in Print/block letters only & return to Our Lady of the Airways Parish Office First Name Middle Name Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student’s Date of Birth & Gender** | Month \_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_GENDER: MALE \_\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_ |
| **Student’s Date of Baptism** | Month \_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Not Baptized \_\_\_\_\_\_\_\_\_\_ |
| **Church & Adress of Baptism** | Name of Church Address & Country |
| **Denomination of Baptism** | ROMAN Catholic\_\_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student’s Mailing Address** |  Street Number & Name Apt No. City Postal Code  |
| **Student’s School Information** | School Name School Grade |
| **Student’s MOTHER Information**  | First Name Maiden Name  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: Roman Catholic\_\_\_\_\_ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Student’s FATHER Information** | First Name Last Name Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion: Roman Catholic\_\_\_\_\_\_ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **\_\_\_\_\_**

**PERMISSION TO SCHOOLS TO DISCLOSEINFORMATION**

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission to my child’s school to disclose any Registration or Baptismal information to Our Lady of the Airways Parish.

**ATTENDANCE AT CHURCH**

By registering the student for the Sacrament of First reconciliation and First Holy Communion you affirm also your family's commitment to be attending Mass here on a regular basis.

NAME: RELATION TO STUDENT: \_

**{PRINT)** {Father/Mother/Legal Guardian)

DATE: SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_