****OUR LADY OF THE AIRWAYS PARISH

For **CATHECHISM** Information call:

Phone: 647-978-6513 or

EMAIL: olascramentalpreparation20@gmail.com

7411 Darcel Ave,

Mississauga, On, L4T 2XS

Phone: 905-677-4615

email:ourladyoftheairways@archtoronto.org

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| **FOR OFFICE USE ONLY** | **CONFIRMATION** **2025-2026** | **Copy of Baptism Certificate**:\_Yes \_\_\_No\_\_\_**Payment: $70;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 (7) or higher and family must be attending

 Our Lady of the Airways Parish.

 3. Payment of **$70.00**-registration fee to offset costs of workbook and other supplies,

 including the confirmation gown.

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

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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 and return to Our Lady of the Airways Parish Office First Name Middle Name Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student’s Date of Birth and Gender** | Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_ GENDER: Male \_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_  |
|  **Student’s date of Baptism** | Month \_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Not Baptized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Denomination of Baptism** | ROMAN CATHOLIC\_\_\_\_ OTHER (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Church &Address of Baptism**  | Name of Church Address & Country |
| **Student’s First Holy Communion** | Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Church, Address & Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student’s Mailing Address** |  Street Number and 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 Confirmation, 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: \_