

PARISH OF SAINT LEONARD

5310 Union Highway, River Ryan, NS, B1H 1B2

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First Eucharist Registration Form

(Please Print)

Last Name	First Name	Second Name
Parents/Guardians		Mother's Maiden Name
Address		Town
Postal Code	Home Phone Number Cell Phone Number	
Email Address		
Date of Birth	Place of Birth	
School	Grade	
Emergency Contact Name	Phone Number	
Does your child have any medical concerns we should be aware of (allergies, etc.)		

Sacraments

Please indicate whether or not your child/youth has received the following sacrament and, if so, the location he/she received it.

	YES	NO	Church/Place
Baptism			

Please check any areas in which you can help.

- ☐ Sacrament Preparation Classes ☐ Children's Liturgy ____ Sat. or ____ Sun.
- ☐ Breaking Open the Word (Tuesday Evening) ☐ Social Events (Christmas Party, Pancake Supper)
- ☐ Skills or talents you would like to share, (decorating, music etc.)

☐ Paid Registration Fee is \$20.00 for the first child and \$30.00 per family if more than one child in the family.