

NOTRE-DAME-DU-MONT-CARMEL PARISH

7645, du Mans Street, St-Léonard, Quebec H1S 2A1

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Catechism Registration 2024-2025

LEVEL: Pre-Communion Communion Pre-Confirmation Confirmation

PREFERENCE: SATURDAY (3:30 pm) SUNDAY (10:00 am)

CHILD'S FAMILY NAME: _____

CHILD'S NAME(S): _____

DATE OF BIRTH: _____
(Month) (Day) (Year)

CHURCH OF BAPTISM: _____

DATE OF BAPTISM: _____
(Month) (Day) (Year)

BAPTISM CERTIFICATE PRODUCED? YES NO

ADDRESS: _____
(Number) (Street Name) (Apt.) (City) (Province) (Postal Code)

PARENTS

MOTHER'S NAME: _____

FATHER'S NAME: _____

CONTACT EMAIL: _____

CONTACT TELEPHONE NUMBER: _____

DOES CHILD TAKE MEDICATION: YES NO

IF YES, PLEASE SPECIFY: _____

SPECIAL ATTENTION (ALLERGIES, ETC.): _____

FEE: \$85/ per child OR \$125/ family fee

(IF CASH OR CHEQUE: DATE OF PAYMENT): _____ **(CHEQUE #: _____)**
(Month) (Day) (Year)

IF PAYMENT IS BY E-TRANSFER, PLEASE INDICATE THE PASSWORD CHOSEN IN YOUR EMAIL

(REGISTRATION DATE – MONTH/DAY/YEAR)

(PARENT'S SIGNATURE)