

ST. ANNE'S ROMAN CATHOLIC CHURCH

5210 - 50 Street, Barrhead, Alberta T7N 1A4 Phone: 780-674-2662 E-mail: officebarrheadsta@dostp.ca
Website: www.stannesbarrhead.com

CATECHISM REGISTRATION 2026-2027

Registration for

() Reconciliation () First Eucharist () Confirmation () Post-Sacramental Catechism
Grade 2 Grade 3 Grade 4 Grade 4-5-6

Please note: there is no Confirmation this year

The best way to contact me/us is : () email () text () phone call

Information needed for your child's registration:

Last name First name Middle name(s)

Date of Birth (mm/dd/yr) Place of Birth (town/city/province/country)

Date of Baptism (mm/dd/yr) Location (town/city) of Baptism

Name of the parish where your child was baptized

Was your child baptized in an Eastern Rite church? () yes () no

Was your child baptized in another Christian denomination? (Not in a Catholic Church) () yes () no

Father's full name _____ Religion _____

Mother's full name _____ Religion _____

Parents' Marital Status: Catholic Marriage () Civil Marriage () Common Law ()

Primary Contact Information:

Please check who will be the primary contact () Mother () Father () other

Primary Contact Information

Mailing Address

Email: _____

Phone: _____

Health: Allergies (list all allergies), and /or discuss specific health issues pertinent to the classroom setting.

Catechism books: \$ 40 (for Reconciliation, First Eucharist and Confirmation only)

Make cheques payable to St. Anne Parish

Media Use Permission

I/We grant permission for the use of my/our child's first name and likeness (photo and/or video) on parish communications (website, social media, bulletin, or poster) within the Diocese of St. Paul and its official media platforms

☐ Agree ☐ Disagree

Parent(s) Signature

Date

Medical Treatment

The undersigned, _____, being the legal parent/legal guardian of _____, a child taking part in St. Anne Parish Sacramental Preparation Program in the Diocese of St. Paul, do hereby request and authorize the Catechist(s) of St. Anne Parish to provide necessary first aid and medical treatment to the said participant, and for so doing, this will serve as a release and indemnification of and from any action nor inaction of any Catechist(s) of the parish and Diocese of St. Paul associated with the rendering of first aid or administering of medical treatment to the said participant. Further, the undersigned parent/legal guardian recognizes and acknowledges that the Catechist(s) who may as a result of this request, be rendering first aid or administering medical treatment to the said participant, are not medical practitioners.

Dated at _____, in the Province of Alberta, this _____ of _____
(name of place) (day)

_____ A. D., _____
(month) (year)

Signature of Parent/Guardian

Signature of Witness

Parent Statement of Co-Responsibility

I/We accept co-responsibility with the parish for our child's preparation for the sacramental preparation indicated above and agree to participate to the best of our ability in all aspects of the preparation, including the parent sessions.

Parent(s) Signature

Date (mm/dd/yr)

For the Sacrament of Confirmation Only

Was your child baptized in this parish () yes () no

If your child was baptized in this parish, we will not need a copy of the baptismal certificate.
If your child was baptized in another parish/church, we require a copy of the baptism certificate.

Sponsors for Confirmation:

- One sponsor, male or female, is sufficient; there may be two: one male, one female, and they can be the godparents
- The sponsor(s) must **not** be the father or the mother of the child to be confirmed
- The sponsor must be confirmed, practicing Catholic and at least 16 years old

Sponsor(s)

1) _____
Full Name (first, middle, last)

Full Address

2) _____
Full Name (first, middle, last)

Full Address