

ST. ROCH'S CHURCH

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THE SACRAMENT OF HOLY EUCHARIST

REGISTRATION FORM

CHILD'S NAME: _____
First Middle Last

DATE OF BIRTH: _____ CITY OF BIRTH: _____

ADDRESS: _____

SCHOOL: _____ GRADE: _____

MOTHER: _____

Cell: _____ (Home) _____

FATHER: _____

PHONE: Cell: _____ (Home) _____

EMAIL: _____ or _____
(Mother) (Father)

CHURCH FAMILY
ATTENDS: _____

Does your child suffer from any allergies: _____

Does your child require an Epi Pen: _____ Does he/she carry one: _____

Does your child have any special needs: _____

CHILD'S BAPTISM Date: _____ Church: _____

- ☐ My son/daughter was baptized in the Roman Catholic Church *(Please attach copy of certificate)*
- ☐ My son/daughter was baptized in another Christian Denomination *(Please indicate which one)*
- ☐ My son/daughter is not baptized.
- ☐ I would be interested in having my son/daughter baptized or received in the Roman Catholic Church