## **NOTRE-DAME-DU-MONT-CARMEL PARISH**

7645, du Mans Street, St-Léonard, Quebec H1S 2A1 Phone: (514) 256-3632 / Fax: (514) 251-9724 / E-mail: montcarmel@gmail.com

## **Catechism Registration 2023-2024**

(Registration Date - Month/Day/Year)		 ar)	(	(Parent's Signature)			
IF PAY	MENT IS BY E-TRANSFER PLEA	ASE INDICATE	THE PASSWOR	RD CHOSEN	N IN YOUR E-MAI	L	
(IF CAS	H OR CHEQUE: DATE OF PAYMENT	(Month)	(Day)	(Year)	_ (cheque #:	)	
	\$85/ per child	OR	\$125/ far	nily fee			
SPECI	AL ATTENTION (ALLERGIES	, ETC.):					
IF YES	s, PLEASE SPECIFY:						
DOES	CHILD TAKE MEDICATION:	YES 🔲	NO 🗆				
CONT	ACT TELEPHONE NUMBER:	FATHER: (	•				
Mothe	r's name:		Email:				
	d's name:		Email:				
PAREN		(1)	, , , , , , , , , , , , , , , , , , ,	( 1 11,	(,		
ADDRI	(Number) (Street Name)	(Apt.)	(City)	(Province)	(Postal Code)		
BAPTI	SM CERTIFICATE PRODUCE	D? YES 🗌	NO 🔲				
DATE	OF BAPTISM:	(Day)	(Year)				
	CH OF BAPTISM:						
	(Month)	(Day)	(Year)				
	'S NAME(S):  OF BIRTH:						
CHILD	'S FAMILY NAME:						
PREFE	RENCE: TUESDAY (7:00 pm	) SATURD	AY (3:30 pm)	SUND.	AY (10:00 am)		
<b>LEVEL:</b> Pre-Communion Commun		nunion 🔲	Pre-Confirmatio	n C	Confirmation		