St. Francis and St. Clare of Assisi Parish
at St. Catherine of Siena Church
RELIGIOUS EDUCATION PROGRAM
(Grades Primary to Six)

2026-2027 Registration Form for Students from Grade Primary to Six

Students:

1) Name _____ Date of Birth_____ Grade _____

Date of Baptism_____ Place of Baptism _____

2) Name _____ Date of Birth_____ Grade _____

Date of Baptism_____ Place of Baptism _____

3) Name _____ Date of Birth_____ Grade _____

Date of Baptism_____ Place of Baptism _____

4) Name _____ Date of Birth_____ Grade _____

Date of Baptism_____ Place of Baptism _____

5) Name _____ Date of Birth_____ Grade _____

Date of Baptism_____ Place of Baptism _____

Parent(s)/Guardian(s): _____

Mailing Address: _____

Phone(s): _____

E-Mail: _____

This form may be dropped into the collection basket, given to Donna Noddin (Coordinator) at Mass, or scanned and returned to officestfstc@gmail.com, or delivered to the Parish Office at 6032 Normandy Drive, Halifax, NS B3K 2S9.

I give my permission for the above-named child/children to attend the Religious Education Program of St. Francis and St. Clare of Assisi Parish at St. Catherine of Siena Church.

_____ Date: _____
Signature of Parent or Guardian

(PLEASE TURN OVER)

MEDICAL INFORMATION: Please indicate any information concerning your child's health that we should be aware of: allergies, medical conditions, etc.

_____

_____

CHILD PHOTO/VIDEO CONSENT FORM

I give St. Francis and St. Clare of Assisi Parish permission to take photographs and/or video of my child/children.

I grant St. Francis and St. Clare of Assisi Parish full rights to use the images resulting from the photograph/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims.

This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases, and fundraising applications.

_____ Date: _____

Signature of Parent or Guardian