



Department of Catechesis
St. Alphonsa Syro Malabar Catholic Church, Vancouver
Eparchy of Mississauga

CATECHISM STUDENT REGISTRATION FORM

PARISH: St. Alphonsa Syro Malabar Catholic Church, Vancouver **YEAR:**

STUDENT INFORMATION

Name of the Student: _____

First Middle Last

Baptismal Name: _____ Gender: Male _____ Female _____

Date of Birth: _____ Grade: _____

Year Month Day

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone #: _____

Sacraments Received:

Baptism: Yes ___ No ___ Date: _____ Confirmation: Yes ___ No ___ Date: _____

Solemn Holy Communion: Yes ___ No ___ Date: _____

Allergies / Health Concerns / Medical Alerts: _____

Additional Student Information: _____

*Please submit all relevant information that may require learning assistance to your child, to aid teachers engage students, enhance learning, and consider provisions for student assessments, if needed. The information will be confidential among the Pastor, Catechism Administration, and respective Teacher.

PARENT'S INFORMATION

Father's / Guardian Name: _____ Phone#: _____

Mother's / Guardian Name: _____ Phone#: _____

Primary Email: _____ Phone #: _____

Are you a registered member of your parish: Yes ___ No ___ Parish Registration Number: _____

EMERGENCY CONTACTS:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

SIBLING'S INFORMATION

1. Name: _____ Grade: _____

2. Name: _____ Grade: _____

3. Name: _____ Grade: _____

4. Name: _____ Grade: _____



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CONSENTS AND WAIVERS

I, the parent / legal guardian of _____, consent to Eparchy of Mississauga, Department of Catechesis, and my Parish St. Alphonsa Syro Malabar Catholic Church, Vancouver, to collect personal information, on students, parents and emergency contacts, or any other relevant data desired for registration of the child at Catechism School and to assist the school in making informed decisions, regarding the child's suitability and to respond in an emergency.

Name: _____ Signature: _____ Date: _____

I, the parent / legal guardian of _____, authorize the release of my child during or after any emergencies to any listed emergency contacts, if the parent or guardian / I cannot be contacted or do not arrive to retrieve the child in time.

Name: _____ Signature: _____ Date: _____

I, the parent / legal guardian of _____, hereby give consent, to receive emails or phone communication from the student's teacher or Catechism Department. I, hereby authorize to communicate to my child through text messages, emails and video conferencing and access the virtual programs and contents facilitated by Eparchy of Mississauga, my Parish and the Catechism Department through social media and online platforms that use software, tools and applications from third parties (that includes but not limited to WhatsApp, Google Class Room, and Zoom).

Name: _____ Signature: _____ Date: _____

I, the parent / legal guardian of _____, hereby authorize, Eparchy of Mississauga, my Parish St. Alphonsa Syro Malabar Catholic Church, Vancouver, and the Department of Catechesis, to reproduce and release the images and videos of my child (under 18 years) captured during Catechism or Parish related activities, individually or in conjunction with other images and videos, for use in the media including, but not limited to Facebook, WhatsApp, Parish websites, bulletin, magazines, newsletters etc. I waive the rights to privacy and compensation, in connection with such use of my child's photographs and videos.

Name: _____ Signature: _____ Date: _____

I have fully read and understood the Consent and Release Form, and I voluntarily agree to abide its terms.

Name: _____ Signature: _____ Date: _____

*Please print the form clearly and complete all information in full. The Eparchy of Mississauga, Department of Catechesis and the Parishes are committed in ensuring safety of all students. Information on this form is an essential component of the Parish's emergency responses and will be confidential within the Catechism administration of the parish.

For office use only:

Admission No:

Name of the Principal:

Signature: