



天主教聖曹桂英堂

St. Agnes Kouying Tsao Catholic Church

2130 Rodick Road, Markham, Ontario, Canada L6C 1S7

Telephone: (905) 887-7922 Fax: (905) 887-7933

E-mail: sundayschool.satcc@gmail.com

Application for Sunday School (Liturgy of the Word with Children)

A) Student Information:

First Name:	Last Name:
Baptism Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth ____/____/____ (dd/mm/yy)	Date of Baptism ____/____/____ (dd/mm/yy)
Address _____ City _____ Province: ON Postal Code _____	
Current School:	Grade Level in September:
Has applicant received First Communion? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please attach copy of certificate)	
Does applicant has any allergy or health concern? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please specify)	

B) Parent/Guardian's Information:

S.A.T.C.C. Registration #		
Father	Mother	Guardian
Name:	Name:	Name:
Email:	Email:	Email:
Cell:	Cell:	Cell:

C) Please choose (✓) ONE time-slot and Level:

		Saturday 4:30 p.m.	Sunday 8:15 a.m.	Sunday 10 a.m.	Sunday 12 p.m.
Junior	Age 4-6				
Intermediate	Age 7-9				
Senior	Age 10-12				

Form submitted by:

Name of Parent/Guardian: (Print) _____ (Sign) _____ Date _____

Note: 1. \$25 **Non-refundable** fee is payable upon registration

2. Photocopy of applicant's Certificate of Baptism and First Communion are required (where applicable).

For Registration Team use only	Fee Received: Cash() Cheque () #	Note:
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