



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 Liturgy of the Words with Children**

**A) Student Information:**

First Name:		Last Name:	
Baptism Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth ____/____/____ (yy/ mm/dd)		Date of Baptism ____/____/____ (yy/ mm/dd)	
Address _____ City _____ Province: ON Postal Code _____			
Current School:		Grade Level in September:	
Parent/Guardian's Contacts:			
	E-mail	Cell Number	
Father		( ) -	
Mother		( ) -	
Guardian		( ) -	
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 in space below)			

**B) Parent/Guardian Information**

<b>SATCC Parish Registration No.:</b>		<b>SATCC Parish Registration No.:</b>	
Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
First & Last Name:		First & Last Name:	
Baptism Information:		Baptism Information:	
Parish Name		Parish Name	
Country		Country	

**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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