

**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)**

1. **Student Information:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Baptism Name: | Male Female |
| 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 □ No □ (If Yes, please attach copy of certificate) | |
| Does applicant has any allergy or health concern? Yes □ No □  (If Yes, please specify) | |

1. **Parent/Guardian’s Information**:

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

1. **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: |

Form Updated by jz/04/26/2024