

# ST. AUGUSTINE'S CORRESPONDENCE RELIGIOUS INSTRUCTION PROGRAM

DATE: \_\_\_\_\_

*Please complete and return to the Parish Office*

N. B. The fee of \$40.00 per child or \$90.00 per family be paid to ST. AUGUSTINE'S PARISH at the earliest convenience. Should these fees create a difficulty, contact the office at, (905) 628-2880.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Postal Code

PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_  
day/month/year

Has your child received First Communion? \_\_\_\_\_ Has your child been confirmed? \_\_\_\_\_  
yes/no yes/no

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

Are you registered at St. Augustine's? \_\_\_\_\_

What religious instructions has your child(ren) already received? Use the back of the sheet if necessary.

## **Commitment:**

PARENT(S): I will assist and encourage my son/daughter to do his/her weekly assignments and to complete the course promptly.

Parent's Signature: \_\_\_\_\_

STUDENT: I want to learn more about Jesus, and His Church, and my Catholic Faith, by personal and family prayer, participating with the Catholic Community in Sunday worship and by weekly study with my correspondence course:

Student's Signature: \_\_\_\_\_