ST. MARGARET OF SCOTLAND PARISH

PARISH HOME CATECHISM PROGRAM (PHCP)
REGISTRATION FORM 2026-2027

PLEASE PRINT CLEARLY

Complete Name of Child: _____

Gender: ☐ M ☐ F Date of Birth: _____ City of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name (**Maiden**) _____ Religion: _____

Home Address: _____

Tel.#: E-Mail:

School Information:

Grade: School:

Sacramental Record:

Name of Church where baptized:

Church Address:

Date of Baptism:

Emergency Contact Information:

Name: _____ Phone#: _____

Relationship with the child:

Please check the Sacraments your child had received:

First Reconciliation (Confession) ☐ Yes ☐ Not yet

First Eucharist (Communion) ☐ Yes ☐ Not yet

Confirmation ☐ Yes ☐ Not yet

Does your child have any special needs? ☐ No ☐ Yes _____

Does your child have allergy? ☐ No ☐ Yes _____

Checklist:

The complete document you bring should include the following:

☐ Copy of Baptismal Certificate

* Student(s) who are **baptized at St. Margaret's or St. Eugene's** there is **no need** to bring a copy of baptismal certificate.

☐ **$50.00** Registration Fee (Cash or Cheque payable to *St. Margaret of Scotland Parish*)

Parent's Signature: _____ Date: _____

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