

Holy Ghost Parish  
341 Pritchard Ave.  
Winnipeg, MB  
R2W 2J3



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## 2024/2025 REGISTRATION FORM

### CHILD:

Last name \_\_\_\_\_

Given Names \_\_\_\_\_

Date of Birth day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Grade to Register for \_\_\_\_\_

Level of religious education (last year grade) \_\_\_\_\_

Allergies / important medical info:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTS:

	Mother	Father
First and Last Name	_____	_____
Mother's Maiden Name	_____	
Cell Phone Number	_____	_____
Home Phone Number	_____	_____
Email	_____	_____
Parent's Address	_____	_____

### CHECKLIST:

- Completed registration form
- Registration Fee 80.00       cash       cheque