**Christ the King Queenswood**

**Catechism Registration Form**

**Grade 6**

|  |
| --- |
| YEAR: |
| **2** | **0** | **2** | **5** |

**Learner Details**

 *Please use BLOCK CAPITALS.*

|  |
| --- |
| **Surname:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **First Name(s):** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Of Birth:** (YYYY/MM/DD) |  | **Cellphone Number:** |
|  |  |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Catechism Parish Last Year:** *(this is where the learner attended Catechism last year)* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Catechism Teacher Last Year:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Email:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Helpful Particulars:** *(Allergies, learning challenges etc.)* |
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|  |
|  |

**Sacraments**

*Students need to submit a copy of their Baptism certificate*

|  |  |  |
| --- | --- | --- |
| **Sacrament:** | **Year:** | **Parish:** |
| **Baptism:** |  |  |  |  |  |
| **First Holy Communion:** |  |  |  |  |  |

**Parent/ Guardian 1**

*Preferred contact for the learner.*

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| --- |
| **Relationships to Learner:** *(indicate with X)* |
| **Father:** |  | **Mother:** |  | **Other:** *(Specify)* |  |
| **Surname:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **First Name(s)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Religion:** |  | **Cellphone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Home Telephone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Work Telephone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Email:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Parent/ Guardian 2**

*Alternate contact for the learner.*

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| **Relationships to Learner:** *(indicate with X)* |
| **Father:** |  | **Mother:** |  | **Other:** *(Specify)* |  |
| **Surname:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **First Name(s)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Religion:** |  | **Cellphone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Home Telephone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Work Telephone Number:** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Email:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Class**

|  |  |  |
| --- | --- | --- |
| **Class** | **X** | **Registration Fee** |
| Catechism Gr 6 |  | R450 |

**Parents/Guardians are required to sign for receipt and acceptance of information letter and terms and conditions for relevant classes. Please attach your proof of payment to this application form using your child’s name as reference.**