

Name

St. Norbert Roman Catholic Church

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REGISTRATION FORM FOR PARISHIONERS PLEASE CLEARLY FILL THIS FORM IN BLOCK CAPITALS LETTERS LAST NAME(S) FIRST NAME(S) **HOME ADDRESS** (Street Address, Unit/Apartment, City/Town, Postal Code) E-MAIL ADDRESS PHONE NUMBER **CHILDREN'S FIRST NAMES** AGE **GRADE** Please list only the children currently living at home with you WHICH SCHOOL(S) DO THE CHILDREN ATTEND? - Please check all that apply -St. Norbert St. Robert Madonna Other Please specify: PLEASE RETURN THE COMPLETED FORM BY PLACING IT IN THE OFFERTORY BASKET OR BRINGING IT BACK TO THE PARISH OFFICE. THANK YOU! Receipt for Income Tax purpose will be issued at the beginning of the following year. FOR OFFICE USE ONLY Please indicate the name of whom would you like it to be issued. Date: Reg./Env.# I, with my family, would like to live my faith at St. Norbert's Parish

Signature