



T: (905) 451-1422
F: (905) 451-0223

www.demazenod.org

1252 Steeles Ave. West
Brampton, ON L6Y 0A9



FORMA REJSTRACYJNA DOBRY PASTERZ

REGISTRATION FORM GOOD SHEPHERD

DZIECKO / CHILD

Nazwisko i imię / Last and First name _____

Data i miejsce urodzenia / Date & place of birth _____

Numer OHIP/ OHIP Number _____ Alergie / Allergies _____

KATECHEZA

☐☐☐

RODZICE / PARENTS

Imiona rodziców / Names of parents _____

Adres rodziców / Parents address _____

Telefon kontaktowy / Phone number _____
(matka / mother) (ojciec / father)

e-mail _____

Status Związku / relationship status

☐

kawaler / panna
single

☐

małżeństwo
married

☐

konkubinat
common in law

☐

inne
other

Opłata / Fee _____

Podpis / signature _____
(matka / mother) (ojciec / father)

Data / Date _____

siostra.eugeniusz@gmail.com



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Archdiocese
of Toronto

Catholic Pastoral Centre
1155 Yonge Street
Toronto, Ontario M4T 1W2
T 416.934.0606
www.archtoronto.org

Archdiocese of Toronto Photo/Video Release Form

I/we, the undersigned (PLEASE PRINT NAME) _____
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The undersigned releases and forever discharges the aforementioned parties and the
photographer/videographer/production company against all actions and claims.

PARTICIPANT'S SIGNATURE

PARTICIPANT/GUARDIAN SIGNATURE

DATE