



St. Raphael Church

4072 New Street, Burlington, Ontario L7L 1S9

(905) 637-2346

Altar Servers Registration Form

(Please print clearly)

Last Name _____ First Name _____

Age _____ Address: _____

City _____ Zip Code _____

Parents' e-mail: _____

Home Phone: _____ Cell Phone: _____

School You Attend: _____ Grade: _____

Mass Preference - 1 being first option and 3 being last option:

1. Saturday 5:00 p.m. _____
2. Sunday 9:00 a.m. _____
3. Sunday 11:00 a.m. _____

I, _____ (parent name), agree to the best of my ability to see that my child arrives at St. Raphael Church and signs in at least 15 minutes prior to the start time of the Mass that they are scheduled to serve. I understand that Altar Server ministry requires them to serve at the Masses they are scheduled or to arrange for a substitute if they are unable to serve at their scheduled time. My signature below signifies that I have read and understand the above stipulations.

Signature of parent/guardian _____

*** Please bring the filled form to the Church or Church office

Or email this information to the co-ordinator at straphaelchurch3@gmail.com

(Thank you dear parents for supporting your child in their participation and help in serving at the altar, practice will be provided for your child)