



# Registration Form

## Welcome to St. Timothy's Parish

DATE: \_\_\_\_\_

New Parishioner:  Change of Information:

The information that you provide is confidential. It is used for purposes related to pastoral planning and activities related to the parish. This parish is part of the Roman Catholic Archdiocese of Toronto. No information is shared with an organization outside of the Archdiocese of Toronto. Our policies are guided by those of the Archdiocese of Toronto and can be found by visiting: [archtoronto.org/privacy](http://archtoronto.org/privacy).

Primary Contact: Mr. / Miss/ Mrs. \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone 1 \_\_\_\_\_ H / W / C  
(First) (Last) MM DD YY

Street address: \_\_\_\_\_ Apt: \_\_\_\_\_ Phone 2 \_\_\_\_\_ H / W / C

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Please add our email address to St. Tim's distribution lists i.e., parish announcements, registration to parish events, etc.

### Do you wish to support the parish by way of

**Automatic Preauthorized giving (PAG) *Separate Registration Form Required*** Automatic Bank Withdrawal on the 20<sup>th</sup> of each month.

OR

**Sunday Offering Envelopes** Name to appear on Tax Receipt: \_\_\_\_\_

### OFFICE USE ONLY

Envelope Number: \_\_\_\_\_

### Additional Household Members

First Name	Last Name	M/ F	Birthdate (mm/dd/yyyy)	Relationship	Telephone Number (optional)	Email Address (optional)	Occupation

Can you or anyone in your home volunteer time or services to the Parish? \_\_\_\_\_

Note: Should you have questions about the form, please call Parish Office at 416 494 6526, ext. 101. You may submit your completed registration form to the Parish Office or email it to [sttimothyto@archtoronto.org](mailto:sttimothyto@archtoronto.org)