**AUMÔNERIE DU 13ème OUEST – Année 2018-2019**– **Inscription 6e**

**Lieu souhaité des séances :**  □ Jeudi 17h à Ste-Rosalie □ Samedi 11h à St-Albert □ Samedi 11h Ste-Anne

**Le jeune :**

NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date de naissance : \_ \_ / \_ \_ / \_ \_ Lieu de naissance (ville) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Code postal : \_ \_ \_ \_ \_ \_ \_ Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Tél. maison : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ tél. portable *(s’il en a)* : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse e-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Paroisse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Etablissement : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Classe : \_ \_ \_ \_ \_ \_

**Vie sacramentelle** :

Baptisé  : □ Oui □ Non Date : \_ \_ /\_ \_ / \_ \_ Paroisse : \_ \_ \_ \_ \_ \_ \_ \_ \_ Diocèse : \_ \_ \_ \_ \_ \_

1ère communion : □ Oui □ Non Date : \_ \_ /\_ \_ / \_ \_ Paroisse : \_ \_ \_ \_ \_ \_ \_ \_ \_ Diocèse : \_ \_ \_ \_ \_ \_

Profession de Foi : □ Oui □ Non Date : \_ \_ /\_ \_ / \_ \_ Paroisse : \_ \_ \_ \_ \_ \_ \_ \_ \_ Diocèse : \_ \_ \_ \_ \_ \_

Confirmation : □ Oui □ Non Date : \_ \_ /\_ \_ / \_ \_ Paroisse : \_ \_ \_ \_ \_ \_ \_ \_ \_ Diocèse : \_ \_ \_ \_ \_ \_

**Compétences musicales** : Joue d’un instrument de musique : □ Oui □ Non

Lequel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Depuis combien d’années : \_ \_ \_ \_ \_ \_ \_

**LES PARENTS**

**Le Père :**

NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Code postal : \_ \_ \_ \_ \_ \_ \_ Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Tél. maison : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ tél. portable : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse e-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_ \_ \_

**La Mère :**

NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Code postal : \_ \_ \_ \_ \_ \_ \_ Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Tél. maison : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ tél. portable : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse e-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**AUTORISATIONS PARENTALES**

**Monsieur et Madame** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Autorise mon enfant** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ à participer aux activités de l’aumônerie durant l’année 2018/2019.

**Autorise** les responsables de l’Aumônerie et les animateurs de l’équipe à faire pratiquer tout acte médical ou chirurgical que son état pourrait nécessiter en cas d’urgence pendant les activités de l’Aumônerie : **□ Oui □ Non**

**Autorise** la diffusion de photos, vidéos ou de tout autre document sur lequel pourrait figurer mon enfant dans le cadre des activités de l’Aumônerie (notamment sur le site internet de l’aumônerie) : **□ Oui □ Non**

**Signature des parents : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

Fait à : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ le : \_ \_ / \_ \_ / \_ \_