

Sacramental Registration for 2010-2011

Please circle your choice:

Thursday 5:00 -6:30pm

Saturday 3:30 – 5:00pm

Reconciliation & Eucharist \$90.00

***Baptismal Certificate Needed* ASAP**

OFFICE USE ONLY

Check Number _____

Check Amount \$ _____

Date Received ___/___/___

****FAMILIES MUST BE REGISTERED WITH THE PARISH****

Please fill out the entire form and print clearly.

Student's Name: _____

Sex: M or F

Complete Address: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Birth Date: ___/___/___

Allergies: _____

Phone Numbers:

(H): _____

(W): _____

Mobile: _____

E-mail: _____ E-mail: _____

School Attending: _____

Entering Grade: _____

Emergency contact:

_____ Relationship: _____ Phone: _____

Family Status: ___ Two-parent Family ___ Single-parent Family ___ Blended Family

Other address if information needs to be sent:

Parental Guardianship? _____ If so, please attach note.

Please indicate any special needs or learning difficulties your child may have in a classroom setting:

SACRAMENT: All sacramental information is archived at child's baptizing parish.

Child's name and date of **Baptism:** ___/___/___

Name of parish where received. _____

Address of parish: _____