

# Sacramental Registration for 2011-2012

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: \_\_\_\_\_