REGISTRATION FOR FIRST PENANCE AND FIRST EUCHARIST

PLEASE PRINT

Child's Full Name:					
'ather's Full Name	:				
OTHER'S FULL	NAME INCLUDING	G MAIDEN I	NAME:		
Address:				(0)	(7: \)
Phone #: (Emergency)		-		(State)	_
Work)					
Print Email:					
Date of Birth:		Ba _]	ptism Da	te:	
Church of Baptism !!COPY OF BAPT	& City:	E IS MANDA	TORY!!	<u>!</u>	
School Attending:			G	Frade 2021-2022:	
Does the child know	v these prayers?				
	Our Father:	Yes	NO		
	Hail Mary:	Yes	NO		
	Act of Contrition:	Yes	NO		
Date of Registration	1:			_	
REGISTRATION I	FEE: \$25.00 Paid	Cas	h	Check #:	
				Receipt #:	