

REGISTRATION FOR FIRST PENANCE AND FIRST EUCHARIST

PLEASE PRINT

Child's Full Name: _____

Father's Full Name: _____

MOTHER'S FULL NAME INCLUDING MAIDEN NAME:

Address: _____
(City) (State) (Zip)

Phone #: **(Emergency)** _____ **(Cell)** _____

(Work) _____

Print Email: _____

Date of Birth: _____ Baptism Date: _____

Church of Baptism & City: _____

!!!COPY OF BAPTISM CERTIFICATE IS MANDATORY!!!

School Attending: _____ Grade 2022-2023: _____

Does the child know these prayers?

Our Father: Yes _____ NO _____

Hail Mary: Yes _____ NO _____

Act of Contrition: Yes _____ NO _____

Date of Registration: _____

REGISTRATION FEE: \$25.00 Paid Cash Check #: _____

Receipt #: _____