

Sacraments Received and Child Information

3rd Child's Name: _____ Boy or Girl (Please circle)

Birth Date: _____

Public School: _____ Grade in Fall 2019: _____

Baptism: _____ Date (Month/Year) _____

Church (Name/City/State) _____

Reconciliation: _____ Date (Month/Year) _____

Church (Name/City/State) _____

First Communion: _____ Date (Month/Year) _____

Church (Name/City/State) _____

Mother's Name: (First and Last): _____

Cell Phone: _____

Email: _____ Preferred email? Yes or no (circle one)

Father's Name: (First and Last): _____

Cell Phone: _____

Email: _____ Preferred email? Yes or no (circle one)

Medical Information:

Allergies: (Please list) _____

Special Needs: Please list) _____

Parishioner Information:

YOU MUST BE A REGISTERED PARISHIONER

I am using the envelope system. Envelope #: _____

REGISTRATION FEE

Tuition is waived for those who donate \$50/month or \$600/year.

Session Schedule: Please pick a 1st 2nd or 3rd Choice

Grades 1-8

____ Wed 6-8 pm

____ Thurs 6-8 pm

____ Sat 8:30-10:30 am