



REGISTRATION FORM  
FIRST COMMUNION ON SUNDAY MAY 22, 2016

A meeting will be held after church on Sunday, April 17 for all interested families.  
Classes will be Sundays, April 24, May 1, May 8, and May 15 at 10:00am  
and a retreat on Saturday, May 14 from 10:00-noon.

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptized? \_\_\_\_\_ Where Baptized? \_\_\_\_\_

Parents: (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

(Other) \_\_\_\_\_

If Other, Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone #'s \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

If other, please give full name, address, telephone and relationship:

Child: Do you want to receive the Sacrament of Holy Communion? \_\_\_\_\_

Parents/Guardian: Are you committed to participating in the instruction of your through regular church attendance and home instruction? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Acknowledgement by Child \_\_\_\_\_