

Please print out form and return to Religious Ed with your payment

Reconciliation–Eucharist Registration 2019-2020

LAST NAME _____ PHONE NUMBER _____

CHILD'S FIRST NAME _____ BIRTH DATE _____

CHILD'S LAST NAME _____ BIRTH PLACE _____
(if different)

CHURCH OF BAPTISM _____ DENOMINATION _____

Please attach a copy of your child's Baptismal Certificate

ADDRESS OF CHURCH _____

(Street address)

(City, State & Zip)

DATE OF BAPTISM _____ (for office use only) _____

FATHER'S NAME _____

MOTHER'S FIRST NAME _____ MAIDEN NAME _____

E-MAIL _____

ADDRESS _____ TOWN/ ZIP CODE _____

SCHOOL your child attends _____ GRADE in Sept. '19 _____

Is there anything you would like us to know about your child or your family that would enable us to help you better? This will be held in confidence.

Use reverse side if necessary.

I would like a phone call from Religious Education ___ Father Prince ___