



Registration Form

(Fill in, print off, then mail along with payment to Church office)

S
T
U
D
E
N
T

CHILD'S FULL NAME _____

BIRTHDATE _____ AGE _____ GRADE _____

*BAPTIZED? YES OR NO

CHURCH OF BAPTISM _____

*RECEIVED FIRST COMMUNION? YES OR NO

CHURCH OF FIRST COMMUNION _____

FOOD ALLERGIES (anything else we should know) _____

I
N
F
O
R
M
A
T
I
O
N

MOM'S NAME _____

PHONE NUMBER _____

DAD'S NAME _____

PHONE NUMBER _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

EMAIL _____

Are you registered in this parish? _____ If not, where? _____

P
A
R
E
N
T

I
N
F
O
R
M
A
T
I
O
N

(Check amount enclosed)

F
E
E

Registration Fee \$20ea. _____ **OR** for Family of 3 or more \$45 _____

First Communion Fee additional \$10ea. _____ Total amount Enclosed \$ _____