SACRAMENTAL PREPARATION REGISTRATION FORM
2016 – 2017

Family Name: _____ Child's Name: _____

School Grade: _____ Birthdate: _____

Parent's/Guardian's Name(s): _____ _____

Child's Religion and Rite: (Roman Catholic, Ukrainian Catholic….) _____

Parish: _____

Street Address: _____

Mailing Address (if different from above): _____

Email Address: _____

Town/City: _____ Postal Code: _____

Home Phone #: _____ Cell #: _____

Please indicate if your child has celebrated the following Sacraments:

Baptism Y / N Date: _____ Parish: _____

First Reconciliation Y / N Date: _____ Parish: _____

First Eucharist Y / N Date: _____ Parish: _____

Confirmation Y / N Date: _____ Parish: _____

Please indicate which Sacraments you wish your child to celebrate this year:

Baptism First Reconciliation First Eucharist Confirmation

If your child was not baptized in this parish, a **Baptism Certificate** is required before your child may receive First Eucharist or Confirmation.

Parents Statement of Commitment:

I _____, request that my child _____ ,
Parent/Parent's/Guardians Name Child's Name
participate in the Sacramental Preparation Program this year. I will encourage and support my child as he/she grows in faith.

I _____ , give my consent to use my child's, _____ ,
Picture and to circulate his/her name and phone number for catechetical purposes within our parish.

Signature: _____ Date: _____