



**SACRED HEART CATHOLIC CHURCH
FIRST RECONCILIATION AND FIRST EUCHARIST**

Today's Date: _____ Parish Registration #: _____

Child's Name: _____

Please print name you want on certificates.

Address: _____ City: _____ ZIP CODE: _____

Home Phone: _____

Date of Birth _____ / _____ / _____ Current Grade: _____

Child received religious education **last year** at:

Faith Formation: Sacred Heart Parish

Faith Formation: _____

Catholic School: _____

Father's Name: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Date and place of Baptism: _____

Family email: _____

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during class sessions.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Amount Due: \$70.00 Amount Paid: _____ Check #: _____ Balance: _____