



SACRED HEART CATHOLIC CHURCH
FIRST RECONCILIATION AND FIRST EUCHARIST

Today's Date: \_\_\_\_\_ Parish Registration #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please print name as you want it to appear on the certificates.

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City & State 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: \_\_\_\_\_