

**1st Communion Registration
2016/2017**

Child's Last Name: _____

Child's Full First and Middle Name: _____

Nick Name or goes by: _____

Father's First Name _____ Father's Religion _____ Cell # _____

Mother's First Name _____ Maiden Name _____

Mother's Religion _____ Cell# _____

If a Parent is not living with 1st Communicant please list name.

_____.

Name/Relation/Phone # of person responsible for bringing student and attending parent sessions:

Date of Child's Birth: Month _____ Day _____ Year _____.

City of Birth _____.

Copy of Baptismal Certificate is Required at Time of Registration.

Date of Baptism: Month _____ Day _____ Year _____

Church of Baptism _____ Address _____ City _____

Name of Church (PSR program) or Catholic School attended last school year

Fee's \$25.00 Per Child PD _____ Due _____