

FOR OFFICE USE

Check# _____

Date ____/____/____

Amount \$ _____

(Please print clearly)

FIRST RECONCILIATION REGISTRATION FORM - 2010

CHILD'S NAME (As you wish it to appear on Certificate)

_____ GRADE _____
Last First Middle

ADDRESS _____
(complete mailing address)

PHONE NUMBERS _____

BIRTH INFORMATION:

Date of Birth _____

Place of Birth _____
(city and state)

BAPTISM INFORMATION (Required Info): Church _____

Place of Baptism _____
(city and state)

Date of Baptism _____
(month, date and year)

FIRST COMMUNION INFORMATION (if applicable):

Church _____

City, State _____

Date of Celebration _____
(month, date and year)

ELEMENTARY SCHOOL CHILD IS ATTENDING: St. John the Evangelist _____

Other _____
(please specify)

(OVER)

Please enroll my child in the First Reconciliation Program. I realize that it is my primary responsibility to prepare her/him for the Sacrament and will assume this obligation.

Parent/Guardian Signature

Parent/Guardian Signature

*PLEASE COMPLETE THIS FORM AND RETURN IT ALONG WITH THE SACRAMENTAL MATERIALS FEE OF \$22.00 TO THE OFFICE OF RELIGIOUS EDUCATION ON OR BEFORE **SEPTEMBER 24TH, 2010.**
THANK YOU!*