

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

Birthdate: \_\_\_\_\_

School/Grade \_\_\_\_\_

Sacraments Child Needs to Receive:

(Circle ones needed)

Baptism

First Reconciliation(Confession)

First Eucharist(Communion)

Check Class Choice:

\_\_\_ 9:00 Sunday \_\_\_ 7:00PM Wednesday

\_\_\_ Home School

Does your child have special learning needs?

What are they? \_\_\_\_\_

Health problem: \_\_\_\_\_

Student living with: Both parents \_\_\_

Father \_\_\_ Mother \_\_\_ Other \_\_\_

Please state \_\_\_\_\_

FOR OFFICE USE:

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_

Catechist \_\_\_\_\_

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School/Grade \_\_\_\_\_

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