

REGISTRATION FOR FIRST SACRAMENTS HOLY GHOST CATHOLIC CHURCH

Student Information:

E-MAIL: _____

Student: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Address: _____		Phone: () _____
City: _____	State: _____	Zip: _____
School: _____		#Years Religious Ed. _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: ____/____/____	Place of Birth: _____
		<i>City, State</i>
Church of Baptism: _____		
Address: _____		City, State, Zip: _____
<i>Copy of Certificate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Baptism: ____/____/____/		
Reconciliation: _____ 2010		Eucharist: <u>Friday, April 16, 2010 at 6:00 p.m.</u>

Reconciliation Book Fee \$15 _____ Eucharist Book Fee \$15 _____

I need _____ Reconciliation Student Text _____ Eucharist Student Text.
Indicate the number you need. *If you already have these, you do not have to purchase them again.*

Family Information:

Church Parish: _____	Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ID# _____
Father's Full Name: _____	Work/Cell Phone: _____
	Work/Cell Phone: _____
Mother's <u>Full MAIDEN</u> Name: _____	Phone: _____

SIBLINGS:

<u>NAMES</u>	<u>AGE/GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

****This form must be returned with a copy of your child's Baptism Certificate****