

# REGISTRATION FOR FIRST COMMUNION HOLY GHOST CATHOLIC CHURCH

**Student Information:**

E-MAIL(s): \_\_\_\_\_

Student: \_\_\_\_\_  
*First*
*Middle*
*Last*

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ #Years Religious Ed. \_\_\_\_\_

Sex:  M  F      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Place of Birth: \_\_\_\_\_  
*City, State*

Church of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Copy of Certificate:  Yes  No      Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please indicate which date you will be receiving the sacrament of reconciliation (Check one), dates to be announced soon \*\***

Reconciliation: Holy Ghost Advent Penance Service: \_\_\_\_\_ Advent Penance Service in Deanery \_\_\_\_\_

**\*\*Please indicate which mass you will be receiving the sacrament (Check one) \*\***

**Eucharist: Saturday, February 8, 2020 at 4pm \_\_\_\_\_, or 6pm Mass (Hispanic) \_\_\_\_\_  
 Sunday, February 9, 2020 at 7:30am \_\_\_\_\_, 9:30am \_\_\_\_\_, 11:30am \_\_\_\_\_**

**Workbook fee: \$25** (includes family packet & workbook for Reconciliation & First Communion)

**Family Information:**

Registered:  Yes  No

Church Parish: \_\_\_\_\_ ID# \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Cell*

Mother's Full MAIDEN Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Cell*

**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\*\***