

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) ****

Reconciliation: Thursday, Dec. 6th at 6pm _____ or Advent Penance Service in Deanery _____

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

**Eucharist: Saturday, February 9, 2019 at 4pm _____, or 6pm Mass (Hispanic) _____
 Sunday, February 10, 2019 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****