

## St. Paul's Church & Our Lady of the Angels Church

## First Reconciliation & First Communion Sacrament Registration



Due by September 15, 2024

Mother's Full Name		
Address		
Mother's Cell	Mother e-mail	
Father's Full Name		
Address		
Father's Cell	Father e-mail	
Student/s lives with:Both parents Fath	herOther/v	whom
The Catholic Church your family is registered	in	
If none, would you like to be a member of	f St. Paul or Our La	dy of the Angels
Religion of Father	Religion of Mother	
Students Please print name clearly		
1.Name:	Grade (Fall 2024)	Birth date
Medical/Behavioral/Learning Concerns		
Church where Child was Baptized		Month/Year
City where Child was Baptized		
2. Name:	Grade (Fall 2024)	Birth date
Medical/Behavioral/Learning Concerns		
Church where Child was Baptized		Month/Year
City where Child was Baptized		
Baptism Certificate If your child was NOT baptized at Our Lady of th your child's baptismal certificate to keep on file must be checked for reception of all sacraments. I your child was baptized and they will send you or	e here at the parish <b>BY DEC</b> ! If you do not have a copy, ple	EMBER 1. Baptismal certificates ase call or write the parish where
The following paragraph requires your signatulevel of commitment that is expected of them in		
First Reconciliation and First Communion Prepararequires our family's attendance and participation child, and if unable, another significant adult (grant	in all aspects of the program	. One parent must attend with my
Parent Signature Pictures may be taken at class/events and put on C	Dar Centre For Christ social medi	te a unless we receive a written

request asking that no pictures be used of your family.