Eucharist Registration Form 2009

Student's Name_____

Father's Name_____

Mother's Maiden Name_____

Address_____
(Street)

Address_____
(City) (State) (Zip)

Home Phone _____ Work Phone_____

E-mail address _____

Child lives with_____

Additional Name &Address to send information: Does this parent know that this child is preparing for First Eucharist?

Place of Birth_____Date _____
(City) (State)

Place of Baptism_____
(Church) (City) (State)

Date _____ (copy of certificate required)

Does Your Child Attend Mass on a Weekly Basis? ☐Yes ☐No

My Child has one full year of previous religious instruction and is currently attending O.L.O.S. Religious Education classes, St. Mary's School, or Cardinal Hickey Academy, or formal home school ☐Yes ☐No

Child's Age at date of First Eucharist, April 4, 2009_____

How do you want your child's name to appear on the First Eucharist certificate? (Please Print)_____

Would your child be interested in reading at the group First Communion Mass on March 31,2007?

. ☐Yes ☐No

Is there another family in the First Communion class that you would like to sit with?
Name: _____

_____ The following friends or family members would like to serve as

Altar Servers _____ Lector_____

Eucharistic Minister_____

Signed_____

Materials fee $20