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|----------------------|----------------|------------|-----|
| Family Name | Address | | |
| Father/Guardian Name | City | State | Zip |
| Mother/Guardian Name | Phone | Cell Phone | |
| Parish Envelope No. | E-mail address | | |

Monday from 5:00 - 6:45 PM [] RCIA for Children: 2nd gr - High School
 Parent Class: [] English [] Spanish

Tuesday from 5:15 - 6:45 PM [] Reconciliation: 2nd gr -High School
 Formation/Non- Sacrament: [] CGS [] Kindergarten [] 1st Gr English [] 1st GR Spanish
 Post Sacrament: [] 3-6th GR [] Middle School [] High School [] 3-6th GR Spanish
 Parent Class: [] English [] Spanish

Wednesday from 5:15 - 6:45 PM [] Confirmation/First Communion: 2nd gr - High School
 Formation/Non- Sacrament: [] CGS [] Kindergarten [] 1st Gr English [] 1st GR Spanish
 Post Sacrament: [] 3-6th GR [] Middle School [] High School [] 3-6th GR Spanish
 Parent Class: [] English [] Spanish

Father's Information - Sacraments Received: [] Baptism [] Communion [] Confirmation [] Catholic Marriage

Mother's Information - Sacraments Received: [] Baptism [] Communion [] Confirmation [] Catholic Marriage

Complete a section below for each family member who will attend:

Copies of Baptism and Birth Certificates Must Accompany This Form For Anyone Registering

| | | | | |
|--|-----------------------------|-------------|---------------------------------|-----------------------------------|
| Child 1 [] Male [] Female | Sacraments ALREADY Received | | Sacraments requested THIS YEAR: | |
| Name _____ | BAPTISM | [] Y [] N | <input type="checkbox"/> | RCIA for Children |
| Age _____ | RECONCILIATION | [] Y [] N | <input type="checkbox"/> | Reconciliation |
| Grade this Fall _____ | FIRST COMMUNION | [] Y [] N | <input type="checkbox"/> | Confirmation |
| School Attend: _____ | CONFIRMATION | [] Y [] N | <input type="checkbox"/> | First Communion |
| Special Needs or Allergies? [] No [] Yes | FAITH FORMATION | [] Y [] N | <input type="checkbox"/> | First Year of Sacrament Formation |

| | | | | |
|--|-----------------------------|-------------|---------------------------------|-----------------------------------|
| Child 2 [] Male [] Female | Sacraments ALREADY Received | | Sacraments requested THIS YEAR: | |
| Name _____ | BAPTISM | [] Y [] N | <input type="checkbox"/> | RCIA for Children |
| Age _____ | RECONCILIATION | [] Y [] N | <input type="checkbox"/> | Reconciliation |
| Grade this Fall _____ | FIRST COMMUNION | [] Y [] N | <input type="checkbox"/> | Confirmation |
| School Attend: _____ | CONFIRMATION | [] Y [] N | <input type="checkbox"/> | First Communion |
| Special Needs or Allergies? [] No [] Yes | FAITH FORMATION | [] Y [] N | <input type="checkbox"/> | First Year of Sacrament Formation |

| | | | | |
|--|-----------------------------|-------------|---------------------------------|-----------------------------------|
| Child 3 [] Male [] Female | Sacraments ALREADY Received | | Sacraments requested THIS YEAR: | |
| Name _____ | BAPTISM | [] Y [] N | <input type="checkbox"/> | RCIA for Children |
| Age _____ | RECONCILIATION | [] Y [] N | <input type="checkbox"/> | Reconciliation |
| Grade this Fall _____ | FIRST COMMUNION | [] Y [] N | <input type="checkbox"/> | Confirmation |
| School Attend: _____ | CONFIRMATION | [] Y [] N | <input type="checkbox"/> | First Communion |
| Special Needs or Allergies? [] No [] Yes | FAITH FORMATION | [] Y [] N | <input type="checkbox"/> | First Year of Sacrament Formation |

| | | | |
|-------------------------------------|----------------------------------|---|--|
| Fees | This section for office use only | | |
| \$80 One Child | Registration Processed by _____ | Other Remarks | |
| \$130 Two Children | TOTAL CURRENT YR DUE _____ | _____ | |
| \$155 Three or more Children | PRIOR YEAR BALANCE DUE _____ | _____ | |
| +50 Teen Retreat Fee | Total DUE _____ | _____ | |
| \$190 Non Registred Parish Family | Amt PAID _____ | _____ | |
| \$25 Non Sacrament per child | Bal DUE _____ | _____ | |
| \$50 Catholic & Home School Student | | Application Approved by and date: _____ | |
| Total Fees Due: _____ | | | |