

ST. JOSEPH UNIVERSITY PARISH

Sacrament of First Eucharist Registration 2016-17

WHO: REGISTERED MEMBERS IN GRADE 3 OR ABOVE with one year of CONTINUED Formation between First Reconciliation and preparation for Eucharist

PLEASE ATTACH A COPY OF THE BAPTISMAL CERTIFICATE AT REGISTRATION

1st RECONCILIATION DATE _____ & PLACE _____

CHILD'S NAME _____

BIRTHDATE _____ GRADE _____ SCHOOL _____

FATHER'S NAME _____
Last First

MOTHER'S NAME _____
Last First Maiden

WE USE EMAIL AS OUR PRIMARY FORM OF COMMUNICATION. PLEASE PROVIDE TWO E-MAIL ADDRESSES YOU CHECK FREQUENTLY:

1) _____

2) _____
(To be used for Class information and reminders, will not be shared)

PLEASE INDICATE HOW YOU WOULD LIKE REGULAR MAIL ADDRESSED:

NAME _____

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

PHONE NUMBER(S): **PLEASE CIRCLE WHAT LOCATION IT IS HOME, CELL OR WORK**

DAD: _____ H C W DAD: _____ H C W

MOM: _____ H C W MOM: _____ H C W

PLEASE PRINT YOUR CHILD'S NAME AS YOU WOULD LIKE IT ON THEIR CERTIFICATE

FOR OFFICE USE: CLASS FEE PAID _____ BAPTISMAL CERTIFICATE IN _____