

# ST JOHN THE EVANGELIST

## FIRST RECONCILIATION AND EUCHARIST REGISTRATION

Child's **full name:** \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Mother's name: \_\_\_\_\_

(FIRST)

(MAIDEN)

(LAST)

Father's name: \_\_\_\_\_

1<sup>st</sup> Mailing Address: \_\_\_\_\_

(All correspondence will be mailed to the address where the student lives).

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

2<sup>nd</sup> Name & Mailing Address: (if needed)

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- Please include a copy of his or her **Baptism Certificate** with the **\$30 fee** and this **registration form**.
- Please make checks payable to St. John the Evangelist.
- Attention: Sacramental Preparation