

Date of registration: \_\_\_\_\_

## **Registration Form for Sacramental Preparation St. John the Baptist Catholic Church**

Student's Name \_\_\_\_\_

Child's age \_\_\_\_\_ Child's grade \_\_\_\_\_ Home telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's full name \_\_\_\_\_

Mobile Phone (if applicable) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's full name \_\_\_\_\_

Mobile Phone (if applicable) \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred contact \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

My child has received the following sacraments:

Baptism       Reconciliation       Eucharist       Confirmation

I would like to help (Circle one) YES NO MAYBE

Name \_\_\_\_\_

**Fee for Sacramental Preparation only is \$25 to cover books.**

Office Use Only			
Date _____	Date entered in database _____	check # _____	Amount _____
Book # _____	Baptism Certificate _____	Catechist _____	Grade _____