

ST. PAUL CATHOLIC CHURCH SACRAMENTAL PREPARATION REGISTRATION

(Reconciliation & First Holy Communion)

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BASIC INFORMATION

Schedule: Mondays, 6:00-7:15 pm; includes parents' meeting during first and last sessions

First Reconciliation: Sept 10 to November 5, Penance Service TBD

First Eucharist: March 4 - April 29, First Communion May 5 at 10:30 am (rehearsal April 29 at

6:00 pm)

Fees: Suggested donation, \$50/family to cover instructional materials

(If you cannot afford to pay this amount, please sign up anyway!)

| CHILD'S/CHILDREN'S INFORMA | TION | |
|---|--|---|
| 1 st Child | | |
| First Name: | Middle Name: | Last Name: |
| | | City of Birth: |
| Food Allergies or special needs: | | |
| 2 nd Child | | |
| | | Last Name: |
| | | City of Birth: |
| Food Allergies or special needs: | | |
| PARENTS' INFORMATION | | |
| Address: | | |
| Phone Home: | Cell: | Other: |
| Email: | | |
| | | Last Name: |
| | | Last Name: |
| Mother's maiden name: | | (*for sacramental recording purposes) |
| In case of illness, accident, or er representatives are authorized | as indicated below (please co | ted on this form, the Archdiocese and its mplete and prioritize each item in the order of |
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Recorded by:

Form: **SAC-Prep 2018/19**