

# First Communion Registration Spring 2012

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent's Cell Phone \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Student's Grade in School: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

Has Student Been Baptized? \_\_\_\_\_

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_ Will be attending Wednesday night classes (May 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>)  
from 6:30-7:30

\_\_\_\_\_ Will be attending Saturday class (May 12<sup>th</sup>) from 9am-1pm  
(Lunch will be provided)

***Please complete this form and return to the church office by April 30<sup>th</sup>.***