

**St. Christopher's Parish**  
**2021-2022 First Reconciliation & Holy Communion Registration Form**

**Child's Information**

Full legal name:			
<hr/>			
First Name	Middle Name(s)	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: _____	City of Birth: _____
Church of Baptism: _____		Date of Baptism: _____	
School Currently Attending: _____		Teacher & Grade: _____	

**Family Information**

<u>Mother</u> (full legal name & maiden name)			
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First Name	Middle Name(s)	Last Name	Maiden Name
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____		<input type="checkbox"/> None	
Present Address: _____			
Street	City/Town	Postal Code	
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			
<u>Father</u> (full legal name)			
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First Name	Middle Name(s)	Last Name	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____		<input type="checkbox"/> None	
Present Address: <input type="checkbox"/> Same as mother's <input type="checkbox"/> Other: _____			
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			
<u>Siblings</u> (please list first name(s) and age(s))			
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**Contact Information\*** (please print carefully) \* Both emails will be used in communications unless otherwise indicated or left blank.

<u>Mother</u>	
Email: _____	Phone: _____
<u>Father</u>	
Email: _____	Phone: _____

**Declaration and Consent**

I, the undersigned, declare that the information on this form is true and accurate. I further understand that by registering my child in the program I will participate in all required activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Administration**

Completed Registration Form

Notes/Remarks

Baptismal Certificate

Program Fee

Date of Registration: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_