

**First Reconciliation/First Communion Preparation
Registration Form**

Last Name of Household _____

Address _____

City _____ Zip _____ Phone _____

E-Mail _____

Name of Mother Attending _____

Name of Father Attending _____

Name of Child (Include last name if different) Grade

Baptized ___ Yes ___ No

Family Registered in Parish ___ Yes ___ No

We will need childcare (*18 months & older*) during the sessions for:

Name of Child Age
