

Child 3

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(a copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____

Child 4

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(A copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____