

COLLABORATIVE SACRAMENTAL PREPARATION

Registration Form 2010-11

My Child will prepare for: Reconciliation and Eucharist (Grade 2 and up students)
 Reconciliation Only (Applies to older children who have already received Communion)

Complete All Information

Child's Name as it will appear on the sacramental Certificates:

First	Middle (if desired)	Last
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Registered Parishioner: IC Nativity of the Lord Sacred Heart St. Augustine St. Paul St. Veronica

Date of Birth: Month _____ Day _____ Year _____

Date of Baptism: Month _____ Day _____ Year _____

Parish of Baptism _____ City _____
 (If not baptized at one of the six cluster parishes, baptismal certificate copy required by Sept. 15)

Fall 2010-11 School Grade: _____

Check where receiving Religious Instruction: Sunday Religious Ed. STAA Other Catholic school

Family Information:

Child's Primary address: _____
 (Street) (City) (Zip)

Child lives with: Both parents Father Mother Other Adult (_____)

Father/Male Guardian _____
 Phone (H) _____ Cell _____

Mother/Female Guardian _____
 Phone (H) _____ Cell _____

Picture Release:

My child may be photographed for program purposes while participating in sacramental preparation. The photos may be used in the parish bulletin, website or newsletter.

Parent/Guardian Signature _____

 (OFFICE USE ONLY)

Fees: **Both Sacraments \$35** First Reconciliation Only \$15

MAKE CHECKS PAYABLE: ST. VERONICA

Payment \$ _____ Cash \$ _____ Check # _____

Cluster Baptism Y N

Parish Record Checked Date _____

Parish Affiliation checked Y Date _____

Certificate Attached