

ST. KATERI TEKAKWITHA CATHOLIC CHURCH

2015-2016

Registration Form for the Reception of the Sacraments of First Eucharist

Candidate's Full Name: _____
Date of Birth: _____ Religion of Candidate: _____
Date of Baptism: _____ Church of Baptism & Address: _____
Name of Godparents: _____
Where does child attend Faith Formation classes: _____
What school does child attend: _____ Grade Level: _____

NOTE: If your child WAS NOT baptized at St. Kateri, St. Joseph or St. Martha Parishes, you MUST provide us with a copy of their baptismal certificate along with this registration form prior to beginning preparation for the Sacrament.

Household Information*

Father's Full Name: _____
Mother's Full Name: _____
Mother's Maiden Name: _____
Family Address: _____
Home Phone: _____
Cell Phone: Father: _____ Mother: _____
Email: Father: _____ Mother: _____
Religion: Father: _____ Mother: _____

If either birth parent is not part of this household:

Birth Father's Full Name: _____
Birth Mother's Full Name: _____
Birth Mother's Maiden Name: _____
Does this parent wish to be part of the preparation: Yes No
Address: _____
Phone: _____
Email: _____

Please read and initial:

I understand that photography and/or video of participants may be procured during the event and used in subsequent articles, bulletins, or promotion materials. I consent to the use of images or likenesses of the aforementioned child for these purposes only.
I do not wish to have photographs or video taken of my child.

Please return this form to the Family Faith Formation Office along with \$50.00 Sacramental Preparation Fee. Please make checks payable to St. Kateri Tekakwitha Catholic Church.

Office Use: Date Paid _____ Check # _____ Cash Received _____
Receipt # _____ Staff Initials _____