

# FIRST COMMUNION REGISTRATION

THIS FORM IS FOR THE CHILDREN WHO HAVE COMPLETED THEIR FIRST YEAR OF CLASSES, EITHER IN A FAITH FORMATION PROGRAM OR A CATHOLIC SCHOOL.

## PLEASE PRINT AND COMPLETE ALL INFORMATION

### PRIMARY PARENT/GUARDIAN INFORMATION

#### CLASSES ARE ON SUNDAY MORNING 10:00 AM – 11:15 pm

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHER'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ FATHER'S CELL PHONE: \_\_\_\_\_

PREFERRED E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE BOTH PARENTS CATHOLIC? \_\_\_\_\_ RELIGION: \_\_\_\_\_

MARITAL STATUS: CHURCH MARRIED \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_ SINGLE \_\_\_

ARE YOU REGISTERED WITH THIS PARISH? \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTH DATE \_\_\_\_\_ CITY and STATE of BIRTH: \_\_\_\_\_

SCHOOL NOW ATTENDING: \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

HAS HE/SHE ATTENDED 1<sup>ST</sup> GRADE PRE-COMMUNION CLASS? YES \_\_\_ NO \_\_\_

WHERE: (Faith Formation or Catholic School) \_\_\_\_\_

SPECIAL NEEDS/ALLERGIES: \_\_\_\_\_

# BAPTISMAL INFORMATION

Please fill out all the information on this form. Without this information we will assume that your child has not received the Sacrament of Baptism. Every child should be baptized before receiving their First Communion.

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**\*\*\*EVERY CHILD NEEDS TO ENCLOSE A COPY OF THEIR BAPTISM CERTIFICATE. INCLUDING THE CHILDREN WHO WERE BAPTIZED AT ST. IGNATIUS. \*\*\***

DATE OF BAPTISM: \_\_\_\_\_ CHURCH OF BAPTISM: \_\_\_\_\_

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### IMPORTANT

Please sign if you give St. Ignatius of Antioch Roman Catholic Church permission to photograph your child(ren) and use photographs for banners, posters, parish internet webpage or parish bulletin.

Signature of legal guardian: \_\_\_\_\_



**VOLUNTEERS =PARTNERS IN MINISTRY**  
**I Can Help With...**

**Catechist/Teacher** \_\_\_ **Co-teach/Team Teach** \_\_\_ **Substitute** \_\_\_\_\_  
**Hall Monitor** \_\_\_\_\_ **Special Events Helper** \_\_\_\_\_

**MAIL COMPLETED FORM TO: St. Ignatius Children and Youth Faith Formation**  
**715 E. Orange St**  
**Tarpon Springs, FL 34689**

**FEE: \$70.00 FOR 1 CHILD: \$100.00 FOR 2 OR MORE CHILDREN**

**CHECKS ARE TO BE MADE PAYABLE TO: ST. IGNATIUS**

**\*\*\*\*\* NO FAMILY WILL BE TURNED AWAY FROM FAITH FORMATION DUE TO FINANCIAL REASONS\*\*\*\*\***

### **OFFICE USE ONLY**

<b>DATE:</b> _____	<b>AMOUNT DUE:</b> _____	<b>CASH:</b> _____	<b>CHECK #:</b> _____	<b>ACCEPTED BY:</b> _____
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