

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? _____

CHILD'S NAME: _____
FIRST MIDDLE LAST

BIRTH DATE _____ CITY and STATE of BIRTH: _____

SCHOOL NOW ATTENDING: _____ GRADE IN FALL _____

HAS HE/SHE ATTENDED 1ST 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.

*****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: _____

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

DATE: _____ **AMOUNT DUE:** _____ **CASH:** _____ **CHECK #:** _____ **ACCEPTED BY:** _____