FIRST RECONCILIATION & FIRST COMMUNION CANDIDATE

APPLICATION FORM

[SACRED HEART PARISHIONER FAMILY ATTENDING CATHOLIC SCHOOL]

School Year: _____ Grade: ____

Kindly attach a copy of your child's Baptismal Certificate	
Student/Candidate's Name:	
(Last Name) (First Name)	
Address:	
Telephone:	
Name of Parents:	
(Cell # or Daytime Phone if different than above):	
Is child living with both parents: Yes No	
If "No", with whom does child reside	
Email Address	
SCHOOL that student is currently attending	
[City/Town]	

NOTE TO PARENT:

Upon receipt of this <u>completed registration form</u> at the Religious Education Office, your child will be enrolled as a candidate for these sacraments at Sacred Heart Parish. Please be aware that he/she must participate in our <u>Sacramental Preparation Program</u>. Detailed information will be forwarded to you.