

**2016- 2017 REGISTRATION FORM
FIRST RECONCILIATION, FIRST COMMUNION**

Full Name of Student(s) _____
(Last) (First)

Present Age: _____ Phone Number: _____

Parent's Names: _____ (Father)

(First) (Maiden Name) (Mother)

Home Address: _____

Which Mass are you choosing to celebrate First Holy Communion?

_____ Saturday, April 29, 2017 at 5:30 PM
Sunday, April 30, 2017 at 9:00 AM Mass
Sunday, April 30, 2017 at 11:15 AM Mass

_____ Saturday, May 6, 2017 at 5:30 PM
Sunday, May 7, 2017 at 9:00 AM Mass
Sunday, May 7, 2017 at 11:15 AM Mass

_____ Saturday, May 13, 2017 at 5:30 PM
Sunday, May 14, 2017 at 9:00 AM Mass
Sunday, May 14, 2017 at 11:15 AM Mass

_____ Saturday, May 20, 2017 at 5:30 PM
Sunday, May 21, 2017 at 9:00 AM Mass
Sunday, May 21, 2017 at 11:15 AM Mass

_____ Saturday, May 27, 2017 at 5:30 PM
Sunday, May 28, 2017 at 9:00 AM Mass
Sunday, May 28, 2017 at 11:15 AM Mass

***** An official copy of your child's Baptismal Certificate must be on file with the Religious Education Office by Sunday, March 5, 2017. *****