

# 1<sup>st</sup> Communion Program – 2<sup>nd</sup> Grade

Child's Full Baptismal Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

Age \_\_\_\_\_ Sex – M\_\_ F\_\_ Entering Grade \_\_\_\_\_/School \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Child Resides With \_\_\_\_\_

Name of Church of Baptism \_\_\_\_\_

City & State \_\_\_\_\_ Approx. Date/Yr. of Baptism \_\_\_\_\_

Remarks: (Special information - learning disability, physical handicap, allergies, special needs)

I agree to give a minimum of one hour of my time as needed.

\_\_\_\_\_  
(Parent/s signature)

Registered members of Epiphany? Y/N \_\_\_\_  
*Note: Families must be registered parishioners for  
this sacrament.*

I am interested in becoming a catechist \_\_\_\_\_

\*Suggested Fee - \$35.00