

**Church of the Epiphany**  
**Registration for**  
**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 \_\_\_\_\_ at 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.

Registered members of Epiphany? Y/N \_\_\_\_\_

*Note: Families must be registered parishioners  
for this sacrament.*

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

I am interested in becoming a catechist Y/N \_\_\_\_\_

**\*Suggested Fee - \$45.00**

*(Questions regarding fees? Contact Barb or Betty at Epiphany Office)*