



ST. REGIS PARISH FIRST PENANCE & FIRST COMMUNION REGISTRATION 2017 - 2018

PLEASE PRINT CLEARLY

CHILD'S FULL NAME	LAST	FIRST	MIDDLE
DATE OF BIRTH	MONTH	DAY	YEAR
DATE BAPTIZED	MONTH DAY YEAR	WHERE?	

IMPORTANT: If child was Baptized at another Church, please provide a copy of the Baptismal Certificate. Thank you.

HOME ADDRESS: street/road/lane, etc., city, province/state, postal/zip code.	
EMAIL OF PARENT	

SCHOOL CHILD ATTENDS: _____ **GRADE:** _____

MEDICAL INFORMATION AND/OR ALLERGIES: _____

CHILD LIVES WITH (circle one): BOTH MOTHER FATHER OTHER (PLEASE SPECIFY) _____

MOTHER'S NAME: _____
LAST
FIRST
MIDDLE

IF MARRIED, MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____
LAST
FIRST
MIDDLE

HOME PHONE (Mom/Dad): (_____) _____ WORK PHONE (Mom/Dad): (_____) _____

CELL PHONE (Mom/Dad): (_____) _____ EMERGENCY (PLEASE EXPLAIN): (_____) _____

WAIVER: From time to time, photos are taken of the class for publication, education promotional purposes and media coverage. Your permission is required to include your child in the photo(s). Please sign below giving permission of such to the St. Regis Parish Church and the Religious Education Program. Please do not sign if you do not give permission. Thank you.

Parent/Guardian signature: _____ Print name: _____

Application completed and signed by:

PLEASE PRINT NAME SIGNATURE DATE