St. Katharine Drexel Sacrament of First Eucharist 2011-12 Registration

Name of Child (First, Middle, Last) _____

Address _____ **City** _____ **ZIP** _____

Father's Name (First, Last) _____

Mother's Name (First, Last) _____

Home Phone (_____) _____ **Work Phone (_____)** _____

Cell Phone / Other _____

Child's Date of Birth _____ **Gender** _____ **Grade 2011-12** _____

Child's School: _____

(Child should be in at least 2nd grade in the Fall of 2011)

- Was child baptized Catholic? Y / N

  Parish _____ Approx. Date/Year_____

- Did child receive the Sacrament of Reconciliation? Y/N

  Parish _____ Approx. Date/Year _____

**** Please attach a photocopy of your child's baptismal certificate to this form. If you do not have a copy, you can obtain one by contacting the church where your child was baptized.**

You must be a registered, participating member of St. Katharine Drexel Catholic Church in order to enroll a student in the Parish Sacramental Programs.

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PAYMENT INFORMATION

The fee for First Eucharist preparation is $35.00.

Amount Paid: _____ **Payment is due January 11, 2012**

Please indicate the form of payment: *(Checks made payable to St. Katharine Drexel)*

☐ **Check #** _____ ☐ **Cash**

If you have questions or concerns, please contact Sister Bridget at 763.323.7012 or bwaldorf@stkdcc.org.