

# Registration for the Sacrament of 1<sup>st</sup> Reconciliation and/or 1<sup>st</sup> Eucharist 2008-09

**REGISTRATION ENDS August 15, 2008**

Name of Child (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ ZIP \_\_\_\_\_

Father's Name (First, Last) \_\_\_\_\_ Mother's Name (First, Last) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell/Other (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade 2006-07 \_\_\_\_\_

(Children should be in at least grade 2 in the fall of 2008.)

**Requesting**    1<sup>st</sup> Reconciliation     1<sup>st</sup> Eucharist

Was child baptized Catholic? \_\_\_\_ Parish \_\_\_\_\_ Approximate Date: \_\_\_\_\_

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 Community in order to enroll a student in the parish Sacrament Programs.**

**1<sup>st</sup> Reconciliation will be December 6, 2008 10:30 AM**  
**1<sup>st</sup> Eucharist will be May 3, 2009 at 10:00 AM**

## **PAYMENT INFORMATION**

The fee for First Reconciliation preparation is \$35.00 and First Eucharist \$35.00

Please indicate the form of payment

check # \_\_\_\_\_

cash \$ \_\_\_\_\_

Please bill me in August.

The schedule of classes will be sent to you upon receipt of the completed registration form.  
**N.B.** The Parents' meeting for First Reconciliation will be **Wednesday, September 17 at 7:00 P.M.** at the parish center. This meeting is required. Please mark your calendar.