

ST. CLARE OF ASSISI PARISH

Fr. John Borean, Pastor

Fr. Robert Mignella, Associate Pastor

ST. AGNES CATHOLIC SCHOOL

First Reconciliation and First Holy Communion 2010

Please ensure that all information is complete before submitting to the Parish.

Registration Form PHOTOCOPY (not the original) of Baptismal Certificate Received by: _____

Please print all information clearly.

First and Last Name of child—as you would have it appear on your child's Certificate

Child's Teacher

Date of Birth(day/month/year)

Date of Baptism (day/month/year)

Parish of Baptism

PARENTS:

First and Last Name of *Father*

First and *MAIDEN Name* of *Mother*

Home

Address: Number Street Name City Postal Code

Home Phone Number: () -- Cell Number: () -- --

Email address: _____

DECLARATION OF INTENT and ACKNOWLEDGEMENT OF COMMITMENT

Dear Fr. John and Fr. Robert,

It is my/our intention that my/our child receive the Sacraments of *First Reconciliation and First Holy Communion* in the community of St. Clare of Assisi Parish. I/We acknowledge our responsibility to journey with him/her at home and commit to support him/her in the best way during and after this preparation. As parent(s)/guardian(s) I/we recognize that the best way of accomplishing this obligation is by faithful attendance at Sunday Eucharist.

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN SIGNATURE DATE

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*Please indicate the number of people in your immediate family:*

Seating will be reserved for the *child's parents and brothers and sisters only.*

*Please do not include in this number the child who is receiving First Holy Communion. \He/she will be seated with his/her class.*

*Seating will NOT be reserved for grandparents and extended family.*

*All information is for administrative purposes and will remain confidential.*

