Registration for Sacraments of Reconciliation and Eucharist

St. Paschal Baylon 2020-2021

SESSION ONE OCTOBER 3 TO DECEMBER 12

CHILD'S FULLNAME

_____ ( )

Last name first name middle name GENDER

ADDRESS _____ **CITY** _____

EMAIL: _____ **TELEPHONE NO.** _____

DATE OF BIRTH _____ **DATE OF BAPTISM** _____

CHURCH OF BAPTISM _____

ADDRESS OF CHURCH _____

CITY_____***PROVINCE***_____***ZipCODE***_____

FATHER'S NAME _____

last name first name middle name

PHONE NO._____**RELIGION** _____

MOTHER'S NAME _____

maiden name first name middle name

PHONE NO._____**RELIGION** _____

CHILD'S SCHOOL_____***Grade:***_____***Age:***_____

IS FAMILY REGISTERED IN THE PARISH? _____ **YES** ____ **NO**
HAS YOUR CHILD CHANGED NAME _____ **YES** ____ **NO**

PLEASE CHECK ONE:

☐ **Saturday (9:30-10:30)** ☐ **Saturday (1:00 – 2:00 pm)**