

Registration for Sacraments of Reconciliation and Eucharist

St. Paschal Baylon 2020-2021

SESSION TWO January 23 to April 24

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)