First Eucharist Registration Form

I, the parent or guardian of the child named below, understand that it is my responsibility to fully participate in the preparation of this child to receive the sacraments of First Reconciliation and first Eucharist.

I will faithfully attend all Saturday preparation sessions with is child and I will complete all follow-up activities with my child at home.

I understand that, by participating in this preparation program, I am preparing this child to participate more actively in the parish community of St. Anselm. Therefore, I will make every effort to bring this child to the celebration of the Mass on either Saturday (5:30PM) or Sunday (9AM, 11AM).

Signature of Parent/Guardian: _____.

Print name of Parent/Guardian: _____.

The following information is required before your child can be enrolled in the Saturday program for First Reconciliation and First Eucharist:

(Please copy the following information from your child's baptismal certificate OR attach a COPY of the certificate to this form).

Name of child: _____
(First Name) (Last Name)

Place of Birth: _____

Father's Name: _____

Mother's MAIDEN Name: _____
(First Name) (Maiden Name)

Church: _____
(Name)

Church: _____
(City) (State)

Date of Baptism: _____
(Month) (Day) (Year)

March 1, 2010