



First Eucharist Registration Form

**** Due by March 1, 2010 ****

Your child's First Eucharist will be entered in the Parish Record from information provided below. **Please print, and complete all information requested.**

Student _____
(First Name) (Middle) (Last Name)

Address _____ Phone _____
(Street) (City, State) (Zip)

Date of Birth _____ Place of Birth (City, State) _____

Parent's Names: _____

Program: Religious Ed Saint Margaret School Home Study Grade _____

Teacher's Name _____ Your EMail Address: _____

BAPTISM INFORMATION

(Information below is required to notify the church of Baptism for updating their records. **If left blank, form will be returned.**)

Exact Date of Baptism (month / day / year) _____ [Please attach copy]

Full Name of Church of Baptism _____

Address _____
(Street) (City, State) (Zip)

Father's Full Name _____

Mother's Full Name (Maiden) _____

Sacramental Celebration: (Choose Option I or Option II)

Option I *Large Group Family Celebration*

(Please check the appropriate date with the understanding that the large group celebrations are limited to **60** children, and that your chosen date may be full. We will notify you by email with the date of your child's celebration.)

___ Saturday, **May 1** at 10:00^{am} OR ___ Saturday, **May 8** at 10:00^{am}

Option II *Family Celebrations during regularly scheduled Masses*

(Please indicate **first** and **second** choices from Mass schedule below, with the understanding that Family Celebrations during regularly scheduled Masses are limited to **10** children and that your first choice may be full. We will notify you by email with the date of your child's celebration.)

May 1 Church	May 8 Church	May 15 Church	May 22 Church	May 29 Church
___ 5:30 ^{pm}	___ 4:00 ^{pm} ___ 5:30 ^{pm}	___ 4:00 ^{pm} ___ 5:30 ^{pm}	___ 4:00 ^{pm} ___ 5:30 ^{pm}	___ 4:00 ^{pm} ___ 5:30 ^{pm}
May 2 Church	May 9 Church	May 16 Church	May 23 Church	May 30 Church
___ 7:30 ^{am} ___ 9:00 ^{am} ___ 10:30 ^{am} ___ 12:00 ^{pm}	___ 7:30 ^{am} ___ 9:00 ^{am} ___ 10:30 ^{am} ___ 12:00 ^{pm}	___ 7:30 ^{am} ___ 9:00 ^{am} ___ 10:30 ^{am} ___ 12:00 ^{pm}	___ 7:30 ^{am} ___ 9:00 ^{am} ___ 10:30 ^{am} ___ 12:00 ^{pm}	___ 7:30 ^{am} ___ 9:00 ^{am} ___ 10:30 ^{am} ___ 12:00 ^{pm}
Mission	Mission	Mission	Mission	Mission
___ 9:30 ^{am} ___ 11:00 ^{am}	___ 9:30 ^{am} ___ 11:00 ^{am}	___ 9:30 ^{am} ___ 11:00 ^{am}	___ 9:30 ^{am} ___ 11:00 ^{am}	___ 9:30 ^{am} ___ 11:00 ^{am}

Office Use Only:	Check No.: _____	Cash: _____	Date Received: _____	Total Fees: _____	Paid: _____
Rec. by: _____	Receipt #: _____	Batch No.: _____	Balance: _____	ParishSoft: _____	Tuition: _____
Registered: _____	Mass Date Confirmed: _____	LS: _____	Certificate: _____	Registered in Book: _____	Updated ParishSoft: _____
Church of Baptism Notified: _____					