

FIRST COMMUNION REGISTRATION FORM

PLEASE NOTE THAT THE CANDIDATE HAS TO BE AT LEAST 7 YEARS OLD BY DECEMBER OF YEAR OF REGISTRATION FOR ACCEPTANCE INTO THIS ONE YEAR PROGRAMME

Please fill out this form and return it with a copy of your child's **CERTIFICATE OF BAPTISM** and the **REGISTRATION FEE of \$30.00. (THIS FORM WILL NOT BE ACCEPTED WITHOUT THE BAPTISMAL CERTIFICATE AND REGISTRATION FEE)**

If your child has not yet been baptized, please make arrangements for him / her to be baptized immediately, as **BAPTISM IS A REQUIREMENT FOR FIRST COMMUNION.**

NAME OF CHILD:

ADDRESS:..... TEL.NO.OF PARENT/GUARDIAN.....

AGE: SEX:..... DATE OF BIRTH:PARISH COMMUNITY.....

PARISH OF BAPTISM:

DATE OF BAPTISM: NUMBER LEAF:

SCHOOL: GRADE:

NAME OF MOTHER:

EMAIL ADDRESS:

NAME OF FATHER:

EMAIL ADDRESS:

ARE BOTH PARENTS ROMAN CATHOLICS?

WITH WHOM DOES THE CHILD LIVE? (Name if other than parents)

IS GUARDIAN ROMAN CATHOLIC?

EMAIL ADDRESS OF GUARDIAN.....

DOES THE CHILD ATTEND SUNDAY MASS REGULARLY? (A) WEEKLY:

(B) SOMETIMES: (C) NOT AT ALL:

WHERE?

SIGNED: DATE: