

THE CHURCH OF SAINT MARY
Faith Formation Program
McHenry, IL 60050

First Communion-First Reconciliation
Registration Form
2017-2018

PLEASE PRINT ALL
INFORMATION

STUDENT'S
NAME _____
FIRST MIDDLE LAST
****PLEASE USE YOUR CHILD'S FULL LEGAL NAME****

ADDRESS _____
STREET (PLEASE PRINT) CITY STATE ZIPCODE

HOME PHONE # _____ Cell # _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

DATE OF BAPTISM _____ CHURCH OF BAPTISM _____
(PLEASE PRINT)

CHURCH
ADDRESS _____
STREET (PLEASE PRINT) CITY STATE ZIPCODE

IF YOUR CHILD WAS NOT BAPTIZED AT ST. MARY'S, YOU WILL NEED TO HAVE THE PARISH THAT YOUR CHILD WAS BAPTISED AT SEND A CERTIFIED COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE.

GRADE _____ SCHOOL _____ STUDENT'S AGE _____
(PLEASE PRINT)

FAMILY INFORMATION

FATHER'S
FULL NAME _____
FIRST (PLEASE PRINT) MIDDLE LAST

MOTHER'S
FULL NAME _____
FIRST (PLEASE PRINT) MIDDLE MAIDEN NAME

THERE IS AN ADMINISTRATIVE FEE OF **\$25.00** PER CHILD. PLEASE MAKE CHECKS PAYABLE TO ST. MARY CHURCH. YOUR PAYMENT MUST ACCOMPANY THIS FORM IN ORDER TO BE REGISTERED.