

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

First Communion-First Reconciliation  
Registration Form  
2018-2019

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

1st CELL CONTACT # \_\_\_\_\_ 2nd CELL CONTACT # \_\_\_\_\_

(PLEASE CIRCLE: FATHER / MOTHER)

(PLEASE CIRCLE: FATHER / MOTHER)

HOME PHONE # \_\_\_\_\_

EMAIL ADDRESS: 1st- \_\_\_\_\_ / 2nd- \_\_\_\_\_

(PLEASE CIRCLE: FATHER / MOTHER)

(PLEASE CIRCLE: FATHER / MOTHER)

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.