ST. FRANCES CABRINI 2024/2025 SACRAMENTAL PREP REGISTRATION

GENERAL FAMILY INFORMATION

Family Last Name:					
Street Address:					
City:				Code:	
Primary phone #:			_		
Primary Email:					
	PARENT	T / GUARDIAN	N CONTACT INF	ORMATION	
				Religion:	
Nombre del padre			Relación	Religión	
Phone #: ()		E-Mail:			
Mother Name:			Relationship	Religion:	
Nombre de madre			 Relación	Religión	
Phone #: ()		E-Mai	1:		
Custodial Guardian (Tutor (si es diferente de		•			_
I have attended Prote	ecting God's (Children: Yes /	No B a	ckground Check Complet	e: Yes / No
is aimed at protecting	g children and	d vulnerable ac	lults from sexual	ne Protecting God's Child abuse. Protecting God's G may protect our youth an	Children is a
Т	o register to	take Protec	ting God's Chil	dren please visit:	
	https://p	rotect.aod.o	rg/protecting-g	ods-children	

CHILD'S INFORMATION

Student Full Nan	ne		Gender				
Nombre del alumno				Géne	ro		
Date of Birth		Grade	School				
Fecha de nacimiento		Grado	Escuela				
Place of Birth							
City				State			
Sacrament Sacrament	Baptism Catholic?	Commi (2 nd . G		Penance (4 th Grade)	Confirmation (8 th . Grade)		
Date Received Fecha de recepción							
A copy of your child to this form.	's baptismal certifica	te must be on	file with the Disc	cipleship Formation	n Office or attached		
Special Needs (Allerg	gies, learning or phy	sical disabilitie	es):				
Please select all t	he Sacramental I	Preparation	programs you	r child will be p	articipating in:		
Sacrament of Re	conciliation/First	Communion -	- Prep Fee \$35	5.00			
	ndent who has con			de religion curric	ulum through a		
Sacrament of Co	nfirmation – Prep	Fee \$85.00					
_	dent who has com chool or a Catholi				curriculum through		
	MENTAL PREP ACRAMENTAL						
******	******	*****	*****	******	******		
FOR OFFICE USE	ONLY:						
Student eligible to rec	ceive Communion?		YES	NO			
Does RE Office have	copy of baptismal c	ertificate?	YES	NO			