

St. Patricks Parish – Sacred Heart Parish
BORN OF THE SPIRIT SERIES
REGISTRATION

Family Name: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone No. (h) _____ (w) _____

e-mail _____

Church where you worship: _____

Weekend Mass you normally attend: _____

1st Child you would like to register:

Family Name _____ Given Name _____

Date of Birth: Year _____ Month _____ Day _____

Year they will be Registered in: 1 2 3 4 5 6 (Circle One)

Has this child ALREADY received his/her 1st Communion? Yes ___ No ___

Has this child ALREADY made his/her first Reconciliation? Yes ___ No ___

Has this child ALREADY been Confirmed? Yes ___ No ___

Years ALREADY completed: 1 2 3 4 5 6 (" «^a;

2nd Child you would like to register:

Family Name _____ Given Name _____

Date of Birth: Year _____ Month _____ Day _____

Year they will be Registered in: 1 2 3 4 5 6 (Circle One)

Has this child ALREADY received his/her 1st Communion? Yes ___ No ___

Has this child ALREADY made his/her first Reconciliation? Yes ___ No ___

Has this child ALREADY been Confirmed? Yes ___ No ___

Years ALREADY completed: 1 2 3 4 5 6 (" «^a;

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3rd Child you would like to register:

Family Name _____ Given Name _____

Date of Birth: Year _____ Month _____ Day _____

Year they will be Registered in: 1 2 3 4 5 6 (Circle One)

Has this child ALREADY received his/her 1st Communion? Yes ___ No ___

Has this child ALREADY made his/her first Reconciliation? Yes ___ No ___

Has this child ALREADY been Confirmed? Yes ___ No ___

Years ALREADY completed: 1 2 3 4 5 6 (" «^a ;)

Cost of Program is \$20.00 per family. Any child who completed the program last year and will register again this year may return their text and purchase the program for \$10.00.

Amount paid for program: _____ Books Returned: _____

Please Note: If child was not baptized in this parish, a copy of Certificate of Birth & Baptism must be attached to this form.

Comments: _____

