

OUR LADY OF FATIMA
2016-2017 1st Communion Registration

\$50 Registration Fee made payable to: **Our Lady of Fatima Church Parish (CCD)**
\$25 Late Fee will be assessed after August 26, 2016

NO FORM will be accepted without PAYMENT and BAPTISMAL CERTIFICATE!

PLEASE PRINT CLEARLY and COMPLETE ENTIRE FORM

CHILD'S LEGAL NAME (**NO initials or nicknames**): As it is to be PRINTED on First Communion Certificate

_____ Gender: M _____ F _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____
MONTH / DAY / YEAR CITY STATE

MAILING ADDRESS: _____
(Preferred) STREET CITY STATE ZIP CODE

HOME PHONE: _____ PARENT'S EMAIL: _____

GRADE: _____ AGE: _____ SCHOOL: _____

LIST ALLERGIES AND/OR HEALTH CONCERNS (for SEDER MEAL purposes): _____

SACRAMENTS RECEIVED: BAPTISM _____ Yes _____ No FIRST RECONCILIATION _____ Yes _____ No

CHURCH OF BAPTISM: _____ **DATE OF BAPTISM:** _____

Verified Mailing Address for Church of Baptism: _____

Child is legally adopted _____ Yes _____ No (If Yes: Please provide Legal Adoption paperwork)

FATHER'S FULL NAME: _____ RELIGION: _____
(as NOTED on BAPTISMAL Cert.) First Middle Last

MAILING ADDRESS: _____
(If different from above) Street City State Zip

MOTHER'S FULL NAME: _____ RELIGION: _____
First Middle (MAIDEN) Last

MAILING ADDRESS: _____
(If different from above) Street City State Zip

CELL PHONE: (FATHER) _____ (MOTHER) _____

FAMILY'S REGISTERED CHURCH PARISH: _____
(Name of Church you are Registered to Attend)

***PLEASE NOTE:** If you are NOT a registered Fatima Parishioner, you MUST obtain a **LETTER OF PERMISSION** from the Church Parish in which you are OFFICIALLY registered, or geographically located, to be eligible to make First Communion at Our Lady of Fatima Church.

I Agree to attend the Safe Environment Education Class with my child: _____
(Parent's Signature)

My child & I will NOT attend the Safe Environment Education Class: _____
(Parent's Signature)