

OUR LADY OF FATIMA
2017-2018 1st Communion Registration

\$50 Registration Fee made payable to: Our Lady of Fatima Church Parish (OLF / CCD)
\$25 Late Fee will be assessed after **SEPTEMBER 1, 2017**

NO FORM will be accepted without PAYMENT and BAPTISMAL CERTIFICATE!

Pease **PRINT CLEARLY** and Complete **ENTIRE FORM**

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

_____ Gender: M _____ F _____
FIRST MIDDLE LAST

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

MAILING ADDRESS: _____
(Preferred) STREET CITY STATE

MAIN PHONE # _____ **PARENT'S EMAIL:** _____
(Please check OFTEN and notify Church of any changes!)

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 Zi

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

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

CELL PHONE: (MOTHER) _____ FATHER) _____

FAMILY'S REGISTERED CHURCH PARISH: _____
****WITH PERMISSION** _____ **(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, in order to make First Communion at Our Lady of Fatima Church.

Safe Environment for CCD only: _____
Parent Signature Waiver (Will NOT attend Safe Environment Class)