

**2018—2019 First Reconciliation & Eucharist
Sacramental Preparation—Grades 2- 8**

Child Information

Full Name _____ Birth Date _____

Male Female _____ Age _____ Grade _____ School _____

Home Address _____

Home Phone _____

Medical/Allergy/Special Needs Info _____

CHILD BAPTIZED: YES NO **SACRAMENTS NEEDED:** Baptism Eucharist

Enroll in: Year 1 Year 2 **Transfer** *(letterhead of prior church required for enrollment)*

Baptism certificate is REQUIRED at the time of office or online registration.

Fax to (951) 277-2104 or email to mmiller@smmcorona.org

Parent/Guardian Information (All personal information is for emergency purposes and is kept confidential)

Child lives with: both parents One parent: Mother Father

If Guardian—Relationship with youth is _____

Father/Guardian Name _____

Cell/Daytime Phone _____ Email _____

Mother/Guardian Name _____

Mother's Maiden Name _____

Cell/Daytime Phone _____ Email _____

In Case Parent/Guardian cannot be reached, please specify one person that you would allow your Youth to be released to:

Name _____ Relationship _____

Cell/Daytime Phone _____

I hereby grant St. Mary Magdalene Catholic Church permission to use my picture and that of the above named child in any and all of its publications, including website entries, for purposes of publicizing Catechetical Ministry programs or for any other lawful purpose.

Parent Signature _____ **Date** _____

===== **FOR OFFICE USE ONLY** =====

1 child - fee is \$100

2 children - fee is \$150

3 children - fee is \$200

TOTAL FEES _____

AMT PAID _____

BAL DUE _____

Fee paid by Check _____

Fee paid by Cash _____

Fee paid by Credit Card _____

Fee paid by Faith Direct _____ FAITH DIRECT approval # _____

DATE FORM RECEIVED _____

COPY OF CERTIFICATE RECEIVED

YES NO

Original Form, Copy of Baptism Certificate and Payment to MM

Registration received by _____