



**2021 - 2022 FIRST RECONCILIATION & EUCHARIST  
SACRAMENTAL PREPARATION - Grades 2 - 8**

**Baptism certificate is REQUIRED at the time of registration.**

**TO REGISTER:** SEND FORM & CERTIFICATE via FAX (951) 277-2104 or email to [mmiller@smmcorona.org](mailto:mmiller@smmcorona.org)  
**PAYMENTS:** MAIL CHECK TO PO BOX 78261, CORONA CA 92877  
**ONLINE:** <https://membership.faithdirect.net/enroll/CA600>

**CHILD FULL Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Male Female Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Medical/Allergy/Special Needs Info \_\_\_\_\_

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

**BAPTISM INFORMATION:** CHURCH NAME: \_\_\_\_\_

**CHURCH CITY/STATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ENROLL IN:** Year 1 Year 2 Transfer (letterhead of prior church required for enrollment)

**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 \_\_\_\_\_

**EMERGENCY RELEASE: IN CASE PARENT/GUARDIAN cannot be reached, please specify one person that you would allow your child 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. I understand that all fees are non-refundable.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

1 child - fee is \$100    2 children - fee is \$150    3 children - fee is \$200    **NON-PARISHIONER FEE - \$50**  
ADDITIONAL PER FAMILY

**TOTAL FEES** \_\_\_\_\_ **AMT PAID** \_\_\_\_\_ **BAL DUE** \_\_\_\_\_

Check \_\_\_\_\_ # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card/FD \_\_\_\_\_

**DATE FORM RECEIVED** \_\_\_\_\_ **RECD BY** \_\_\_\_\_ **BAPTISM CERT RECD** YES NO