

## Reconciliation/1<sup>st</sup> Eucharist Registration 2022 – 2023

<u>Please Print</u>			
Candidate's Name	E First	Middle	Last
Place of Birth:	City, Si	ate	
Date of Birth:			
	Month, Day & Yea	ar (e.g. August 10, 2014)	
Age:(As of May 6, 2	022)		
Church of Baptisn	n:		
Church Add	Iress:		
	Number & Street	C	ity, State & Zip
Date of Baptism:	Month, Day & Yea	n (o a Contombor 10, 2015)	
Residence:	Number & Street		ity, State, Zip
Parents:	(First & Last)		Religion of Father)
rather	(FIFSE & LASE)	(	Kengion of Father)
Mother	(First & Last) (Maide	n Name) (	Religion of Mother)
Candidate's Schoo	ol:		Grade:
Candidate's Home Phone:(cell):			
	Please return a <b>Registration Form</b> for each student, and <b>Fees</b> (\$25.00) – only HFS and IWA to Sister Yvonne ( <u>sryvonne@holyfamparma.org</u> ) by <b>Tuesday, December 6, 2022</b> . Thank you		