

FOR OFFICE USE ONLY

DATE _____

AMT _____

CK # _____

BY: _____

SAINT CLEMENT MARY HOFBAUER CHURCH
Materials Fee \$80 -- First Reconciliation/Eucharist Registration

*****Payment AND Child's Baptism Certificate must accompany this form.**

*****Child must attend catholic school OR have attended at least 2 years of religious education (including sacramental year).**

Date _____

CHILD'S INFORMATION

FULL Name _____
 First Middle Last

Home Address _____

City State Zip

Date of Birth _____ Birth Place _____
mm/dd/yy City, State/Providence, Country

Baptized _____
Church mm/dd/yy

Church of Baptism City/State/ Country

2018/2019 School _____ 2018/2019 Grade _____

PRIOR RELIGIOUS EDUCATION

For the 2017-2018 school year, my child was enrolled in (Please Circle one)

St. Clement-St. Michael School

St. Clement Religious Education Program

Other Religious Education Program or Catholic School _____

PARENT INFORMATION

Father's Name _____ Religion _____
As it appears on baptismal certificate

Father's Email _____ Father's Cell # _____

Mother's Name _____ Religion _____
As it appears on baptismal certificate

Mother's Maiden Name _____

Mother's Email _____ Mother's Cell # _____

At what church is your family registered? _____

If not St. Clement's, provide letter from your pastor.