



St. Benedict Catholic Church

2017 – 18 Children’s First Reconciliation and Holy Communion

Please write clearly.

Family (Last) Name _____ Mailing Address _____
Please use the Same Family Name on all forms Street City Zip

Home Phone (_____) _____ Language Spoken at Home: _____
If other than English Are you Registered in this Parish? (yes) (no)
Parish Registration required for all programs

Father/Guardian: Full Name _____ Phone (_____) _____ Email _____
If not the Father, please indicate the relationship to child in the “Student Information” section below

Mother/Guardian: Full Name _____ Phone (_____) _____ Email _____
If not the Mother, please indicate the relationship to child in the “Student Information” section below

Student Legal Name: _____ Birth Date: _____ M ___ F ___
First Middle Last

*Baptized _____, _____ *Include Photocopy of Baptismal Certificate
Month/Day/Year Parish City State

- My child has **not** been baptized but I would like them to be baptized and celebrate the Sacraments of Reconciliation and Eucharist.
- My child has been baptized in another faith but I would like them to join the church and celebrate the Sacraments of Reconciliation and Eucharist.

School Student Currently Attends: _____ Grade: _____

Student Information including any allergies or special needs/circumstances we should be aware of:

I give permission to use my child’s picture in parish publications, including the website, bulletin, and/or annual report. [] Yes [] No

Cost
The Fee for the preparation program is \$75. This helps us cover the cost of the books and other resources. If you need financial assistance, please contact Marti Lundberg, m.lundberg@stbens.net to arrange for a scholarship. **No one will be turned a way for financial reasons.**

[] Payment included with this form. Amount: _____ [] I will pay in installments.
Please make full payment by December 15th, 2017