



ST. MAXIMILIAN KOLBE CHURCH

Faith Formation

First Eucharist Registration



WE MUST HAVE BAPTISMAL RECORDS BEFORE YOUR CHILD REGISTERS FOR THE PREPARATION CLASSES.

STUDENT INFORMATION: Please Print

Name: _____
Full name – as it appears on Baptismal Records

Birth Date: _____ Grade: _____ Age: _____ Gender: M _____ F _____

Birth City and State: _____

Church of Baptism: _____ Baptism Date: _____

City: _____ State: _____

Has your child attended CCE previously: YES NO Parish: _____

FAMILY INFORMATION: Please Print

Primary Guardian(s) Name: _____
First Name Last Name

Relationship(s): _____ Mother _____ Father _____ Other (please specify _____)

Address: _____
Street CITY ST Zip Code

Email Address: _____
Please note – our primary form of communication is by email.

Home Phone: _____ Parent Cellphone: _____ Work Phone: _____

First Eucharist Preparation Fee: \$20.00 per student.

This completed **Registration Form, Baptismal Certificate**, and **\$20 fee** must be brought to the first Parent Meeting, either Sunday February 19, 2017 at 10:30am or Tuesday February 21, 2017 at 6:30pm.

Please contact Barbara Knight, Faith Formation Director at bknight7@stmaximilian.org for questions and concerns.
 Thank you.

For Office Use Only:

Family ID: _____ Family Last Name: _____ Date Entered: _____

Amount Due: _____ Total Paid: _____ Cash/Check#: _____ Entered by: _____