

We must have a copy of a baptismal certificate for each child.

(1) Child's Information

Name _____
 (Last) _____ (First) _____
 Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in Sept.2017 _____ School Attending _____

Did child have religious instruction in 16/17? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health or learning needs? Any allergies? Also please indicate if the child is in special education classes.

Preferred Time _____ Tuesday (4:15-5:30) _____ Tuesday (6:45-8:00)

Summer _____ (June 19 - June 30, 8:30-12:30)

(2) Child's Information

Name _____
 (Last) _____ (First) _____
 Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in Sept. 2017 _____ School Attending _____

Did child attend PREP in 16/17? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health or learning needs? Any allergies? Also please indicate if the child is in special education classes.

Preferred Time _____ Tuesday (4:15-5:30) _____ Tuesday (6:45-8:00)

Summer _____ (June 19 - June 30, 8:30-12:30)