

REGISTRATION FORM  
St. Luke's Parish

# FIRST COMMUNION 2013—2014

This First Communion program is for children in Grades 2 and up  
who have been baptized Catholic or have made a Profession of Faith

## Child's Personal Information

Child's Last Name:	First Name:	Middle Name:
Address (Street):		
City:	Province:	Postal Code:
Home Phone:	Cell Phone	Mom's Work #:
E-mail Address:	Dad's Work #:	
Date of Birth (Day/Month/Year):		
Age at time of Registration:	Grade:	
School child attends:		
Name of Your Parish:		
Father's Last Name::	First Name:	Middle Name:
Mother's Maiden Name:	First Name:	Middle Name:

## Child's Baptismal Information

Baptized Catholic or Profession of Faith <input type="checkbox"/> Date of Baptism/Profession of Faith: ____ Day    ____ Month    ____ Year Certificate Attached <input type="checkbox"/>	Name of church where Baptism/Profession of Faith took place:		
	Address		
	City	Province/State	Country

## Other Sacramental Information

If you have received other sacraments, please check them off.

Reconciliation <input type="checkbox"/>	Year of Reception	Confirmation <input type="checkbox"/>	Year of Reception
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Does your child have any special needs of which we need to be aware in order to more fully include,  
provide for the safety of and/or adapt the sacramental program to your child? No  Yes   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Date of Registration \_\_\_\_\_