

ST. MARTIN DE PORRES CATHOLIC CHURCH

First Eucharist/Reconciliation Registration

Name of Child: _____ Date of Birth: _____

Parents: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to reach you: _____

Email: _____

Our Child received the Sacrament of Baptism at

_____ Church

on _____, _____.

We will provide a copy of our child's baptismal certificate.

In addition to attending mass regularly and being on time for class, our family will participate in the First Eucharist program by

Signature of parents: _____

