

Today's Date ___ / ___ / ___

FAMILY NAME _____

Father/Guardian Name _____

Mother/Guardian Name _____

Envelope No. _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail address _____

Classes meet monthly on **SUNDAY**, check the time you prefer to attend

- GOF I** After 8:30AM Mass from 10:00AM - 11:45AM (English)
- GOF II** After 10:30AM Mass from 12:00PM - 1:45PM (English)
- GOF III** After 12:30AM Mass from 2:00PM - 3:45PM (Spanish for grades pre-1 & adults)

Complete a section below for each family member who will attend.

IF childcare were available, would you use it? YES NO

Copies of Baptism Certificates Must Accompany This Form For Anyone Receiving Sacraments

Child 1	Sacraments ALREADY Received	Date	Parish & Location
Name _____	BAPTISM <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Age _____	RECONCILIATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Grade _____	EUCCHARIST <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Male <input type="checkbox"/> Female <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Special Needs or Allergies? No Yes

Sacraments to be received THIS YEAR: Baptism Reconciliation Eucharist Confirmation

Child 2	Sacraments ALREADY Received	Date	Parish & Location
Name _____	BAPTISM <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Age _____	RECONCILIATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Grade _____	EUCCHARIST <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Male <input type="checkbox"/> Female <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Special Needs or Allergies? No Yes

Sacraments to be received THIS YEAR: Baptism Reconciliation Eucharist Confirmation

Child 3	Sacraments ALREADY Received	Date	Parish & Location
Name _____	BAPTISM <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Age _____	RECONCILIATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Grade _____	EUCCHARIST <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Male <input type="checkbox"/> Female <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Special Needs or Allergies? No Yes

Sacraments to be received THIS YEAR: Baptism Reconciliation Eucharist Confirmation

Child 4	Sacraments ALREADY Received	Date	Parish & Location
Name _____	BAPTISM <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Age _____	RECONCILIATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Grade _____	EUCCHARIST <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Male <input type="checkbox"/> Female <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Special Needs or Allergies? No Yes

Sacraments to be received THIS YEAR: Baptism Reconciliation Eucharist Confirmation

THIS SECTION FOR OFFICE USE ONLY

Registration Processed by _____	Registration Complete <input type="checkbox"/> Y <input type="checkbox"/> N
Amt OWED \$ _____	Need Waiver <input type="checkbox"/> Y <input type="checkbox"/> N
Amt PAID \$ _____	
Bal DUE \$ _____	