

Sacramental Preparation Registration Form

Child's Full Name: _____ Gender: M F
(First Middle Last as will appear on certificate)

Address: _____ Class: 2A 2B 2C 2D PSR (circle one)

Please check one of the following options:

_____ We are not Catholic and will not be participating in the sacramental preparation process.

_____ We are members of _____ parish and will be participating in the sacramental preparation process there.

_____ We feel that our child is not ready to receive the sacraments this year.

_____ We are members of St. Thomas More parish and will be participating in the sacramental preparation process. **(If this option is marked please complete the rest of the form)**

Mother's Name: _____ Contact #: _____

Father's Name: _____ Contact #: _____

Email _____ (Reminders will be sent to this address)

Child's Place of Baptism: _____ Date of Baptism: ____/____/____
(Please provide a copy of your child's baptismal certificate with this form)

Please indicate below your first, second, and third choices for the date and time you would like to celebrate First Eucharist. Seating is limited to 30 families per mass time.

_____ Saturday, May 14 at 5:00pm _____ Sunday, May 15 at 10:00am

_____ Sunday, May 15 at 12 noon

_____ We will need babysitting services for _____ children (age 3 & younger).

Registration fee is \$20 for the whole year. Please make checks payable to St. Thomas More.

Please return this form to Sarah Neau at the parish office by August 31.

Fee Paid _____ Check _____ or Cash