



_____ Tuesday Class
_____ Thursday Class

**Reconciliation/1st Eucharist 2010/2011
STUDENT INFORMATION SHEET**

Child's Full Name: _____

Birth date: _____ Primary Home Phone: _____

Address: _____

Parents: Married Yes or No Please send any information to: _____

Mother's Name: _____ Catholic: Yes or No
(First Middle and **Maiden**)

Email: _____ Cell or Email Alert : No or Yes _____

Address if different from child: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Catholic: Yes or No
(First Middle and Last)

Email: _____ Cell or Email Alert : No or Yes _____

Address if different from child: _____

Home Phone: _____ Cell Phone: _____

Please list the location where the first of these sacraments was given :

Baptized @: _____
If not baptized at St. Ignatius please attach a copy of baptismal certificate.

Weekly Mass attendance is required which mass to you most frequently attend:
Saturday 5pm Sunday 9am Sunday 11:30am Other _____

If your family is members of another parish which parish are you members of? _____

FEE: \$25
This to to cover the cost of
Books, retreat and some of the
materials that will be used
class.



Office:
Pd _____
Check/Receipt # _____
Initial _____
_____ Baptism Certificate copy Received