

# St. John Fisher Parish

## Sacramental Preparation Registration

PLEASE PRINT

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Godparents: \_\_\_\_\_

Student's Mother's Full **Maiden** Name: \_\_\_\_\_

Student's Father's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Student e-mail (Confirmation only): \_\_\_\_\_

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**I would like to enroll my child in preparation for the following sacrament(s)**

**during the 2017-2018 school year:**

- First Reconciliation & First Eucharist**
- Confirmation**

**There is a fee of \$20.00 per child for sacramental preparation classes.**

**Please submit fee with this form to register.**