



**ST REGIS MISSION FIRST PENANCE AND  
FIRST COMMUNION  
REGISTRATION 2018-2019**



## ST REGIS MISSION FIRST PENANCE AND FIRST COMMUNION REGISTRATION 2018-2019



<b>CHILD'S FULL NAME</b>	LAST	FIRST	MIDDLE	
<b>DATE OF BIRTH</b>	MONTH	DAY	YEAR	
<b>DATE BAPTIZED</b>	MONTH	DAY	YEAR	WHERE?

**IMPORTANT:** if your child was Baptized at another Church, please provide a copy of their Baptismal Certificate. Niawen:kowa

<b>HOME ADDRESS:</b>	
<b>EMAIL ADDRESS OF PATENT/GAURDIAN</b>	

**SCHOOL YOUR CHILD ATTENDS:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**MEDICAL INFORMATION AND/OR ALLERGIES:** \_\_\_\_\_

**CHILD LIVES WITH:** (CIRCLE ONE) BOTH MOTHER FATHER OTHER (PLEASE SPECIFY) \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**MOTHER'S MAIDEN NAME** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**FATHER'S NAME:** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**HOME PHONE** (Mom/Dad): (\_\_\_\_) \_\_\_\_\_ **WORK PHONE** (Mom/Dad): (\_\_\_\_) \_\_\_\_\_

**CELL PHONE** (Mom/Dad): (\_\_\_\_) \_\_\_\_\_ **EMERGENCY** (PLEASE EXPLAIN): (\_\_\_\_) \_\_\_\_\_

**WAIVER:** From time to time, photos are taken of the class for publication, education promotional purposes and media coverage. Your permission is required to include your child in the photo(s). Please sign below giving permission of such to the St. Regis Mission Church and the Religious Education Program. Please do not sign if you do not give permission. Niawen:kowa

**Parent/Guardian signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**Application completed and signed by:**

\_\_\_\_\_  
**PLEASE PRINT NAME**
**Signature**
**Date**