



OUR LADY OF THE ANGELS PARISH
Sacrament Preparation Program
REGISTRATION FORM FOR 2018 - 2019



Student's Name: _____ **Age:** _____ **Grade:** _____
Last First Middle In 9/18

Place of Birth: _____ **Birthday:** _____
City State Month/ Day/ Year

Address: _____ **Phone: (H)** _____
Number Street City Zip

Mother's Name: _____ **Religion:** _____
First Last (Maiden)

Mother's Cell Number: _____ **Mother's Work Number:** _____

Father's Name: _____ **Religion:** _____
First Last

Father's Cell Number: _____ **Father's Work Number:** _____

Guardian's Name (if not parent): _____ **Religion:** _____
First Last

Parent's Email Address: _____

School Attending: _____ **Previous Religious Instruction** Y N

Parish registered with: _____ **City:** _____

PLEASE FILL OUT ALL OF THIS FORM COMPLETELY

NOTE: A copy of Baptism certificate is REQUIRED for all students whether in First Reconciliation/First Eucharist (Grade 2) or Confirmation (Grade 8) preparation program.

Baptism: _____
Month/ Day/ Year Church City State

First Eucharist: _____
Month/ Day/ Year Church City State

_____ **My child will be preparing to receive First Reconciliation & First Communion.**

_____ **My child will be preparing to receive the Sacrament of Confirmation.**