



OUR LADY, QUEEN OF THE MOST HOLY
ROSARY CATHEDRAL

Sacrament Preparation Registration

Family/Parents' Names: _____

Home Phone: _____ Cell Phone: _____

Address: _____ E-mail: _____

Emergency Name & phone: _____

Custodial Parent, if different from above: _____

Is the Mother Catholic? Y _____ N _____ Is the Father Catholic? Y _____ N _____

Is the child baptized? Y _____ N _____ Are you parish members Y _____ N _____

Child's Name	Birthdate	Gender	Grade
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Circle the Sacrament(s) you would like you child to prepare for this year

Reconciliation

First Communion

Confirmation

Register by: August

August (before)

December (before)

Location of Baptism and First Communion (if applicable): _____

(Please provide a copy of a **Baptismal Certificate** with this form)

Help us serve your child well. Please list any special needs, such as medical conditions, learning disabilities, physical disabilities ...

My child/children may attend religious education classes at Rosary Cathedral Parish.

Signature of Parent/Guardian: _____ **Date:** _____