



**ST. JOHN THE BAPTIST CATHOLIC CHURCH**  
**SACRAMENTAL PROGRAMS REGISTRATION**  
**FOR CATHOLIC SCHOOL YOUTH AND HOMESCHOOL YOUTH**  
**FIRST RECONCILIATION/EUCHARIST OR CONFIRMATION**

Child's full name \_\_\_\_\_  
(First) (Middle) (Last)

Complete Home Address \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Religion \_\_\_\_\_ Practicing Yes No

Church attending \_\_\_\_\_ Approx. times/month \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Religion \_\_\_\_\_ Practicing Yes No

Church attending \_\_\_\_\_ Approx. times/month \_\_\_\_\_

Child's date of birth \_\_\_\_\_ Place \_\_\_\_\_  
(City/State)

Sacrament	Date of	Church	City/State
Baptism			
First Reconciliation			
First Eucharist			
Confirmation			

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Any special comments or instructions we should be aware of regarding Medical, Physical,

Psychological, etc. \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE UPON REGISTRATION TO THE OFFICE.**

Date accepted \_\_\_\_\_