



First Penance and First Holy Communion Registration Form

We are members of: Our Lady of Hope Parish Saint Patrick Parish

My child is a student of: Our Lady of Hope CCD Our Lady of Lourdes Regional School Home School

Full Name of Child: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Baptismal Date: _____ Our Lady of Hope Church Saint Patrick Church Other*

*Name/Address of Other Church: _____

(Please provide a copy of the Baptismal Certificate if Baptized at another church if you have not already done so).

Father's Information: Title: Mr. Dr.

Name: _____

Address (if different from child): _____

Please complete all below (if applicable). Please check the best way to reach you.

Home phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Mother's Information: Mrs. Ms. Dr.

Name: _____ Maiden Name: _____

Address (if different from child): _____

Please complete all below (if applicable). Please check the best way to reach you.

Home phone: _____ Work: _____ Cell: _____

E-mail Address: _____

There is a \$20 fee to cover the cost of materials, retreats and supplies used in preparing for the Sacraments. Please make checks payable to Our Lady of Hope Church. If the fee is a hardship to the family, please make this known by contacting the Parish staff.

(Office use only) Amount Paid: _____ cash / _____ check # _____