

**RECONCILIATION AND FIRST EUCHARIST PROGRAM**

Please provide the following information for each child to be registered in this program:

CHILD'S NAME: _____
(Last) (First) (Middle)

STREET ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

BIRTH DATE: _____ BAPTISM DATE: _____ CHURCH OF BAPTISM: _____

CHURCH ADDRESS: _____

SMOS Parish Acct #: _____

Name of School: _____ Grade (2023/24): _____

Father's Name: _____ Religion: _____

Cell Phone#: _____ () _____ Email Address: _____

Mother's Name: _____ Maiden Name: _____ Religion: _____

Cell Phone #: _____ () _____ Email Address: _____

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Single Step Parent?: _____Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparents

Does your child participate in travel sports/activities? _____

REQUIRED AT TIME OF REGISTRATON TO THE SACRAMENT FORMATION PROGRAM:

1. Registered, active members of St. Margaret of Scotland Parish
2. Copy of child's Baptism Certificate
3. Verification of previous year of Religious Education (whether in Catholic school or parish PREP Program)
4. Sacrament Fee of \$65, which covers all costs.

**** PRIOR TO ENROLLING IN THE SACRAMENT FORMATION PROGRAM ALL CANDIDATES ARE EXPECTED to have successfully completed the First Grade catechesis (or the year immediately prior to that of sacrament formation) in either a Parish Religious Education Program or Catholic school, and should be able to provide verification of that.**

FOR OFFICE USE ONLY

Baptism Certificate: _____ Fee received: _____ Date: _____ Payment: _____ Balance: _____

Verification of Religious Education: _____ ☐ Cash ☐ Check # _____**NOTES:**