RESURRECTION PARISH_____

2025-2026

REGISTRATION FOR FIRST RECONCILIATION & FIRST EUCHARIST

RELIGIOUS EDUCATION

Each child preparing for the reception of Reconciliation (First Penance) and Eucharist (First Communion) had to be enrolled in a religious education program *last* year *AND* be currently enrolled in our religious education program or be attending a Catholic School.

PLEASE LIST the religious education program(s) or Catholic School your child attended last year and is currently enrolled in:

_____

Please return this form on or BEFORE September 30, 2025. The first session is Wed, Oct. 8 from 6:00 to 7:00 PM at Resurrection. Church law requires that ordinarily a child make First Penance (Reconciliation) before First Communion (Eucharist). There is a **$90** preparation fee (cash or check), please bring that also on Oct. 8. If there is a financial burden, scholarship money will be made available.

Name of Child _____ Grade _____

Home Address_____
Street City State Zip

Child's date of birth _____

City, State of Birth _____Child's Date of Baptism _____

Child's Church of Baptism _____

Church Address _____

ORGINAL DOCUMENTATION OF BAPTISM

- *If your child was baptized at Resurrection, please mark as such above.*
- *If your child was baptized at another parish, please bring the original certificate on Oct 6 or to CFP. I will copy it, mark that I have seen the original and give it back to you.*
- *If the child was baptized at another parish and you do not have the original certificate, please contact the church of baptism and ask that a letter stating the child's name and date of baptism be sent to Resurrection Parish, 3000 Videre Dr., Wilmington, DE 19808 attn: Elaine Little*

Father's Name_____Religion _____

Phone # _____ Email_____

Mother's Name _____Religion_____

Phone # _____ Email_____

Mother's Maiden Name _____

If you have any questions, please contact Elaine Little at elittle@resurrectionde.org, or 368-0146 ext. 107. *Thanks!*

FOR CFP OFICE USE ONLY **2025-2026**

CHILD'S NAME _____

PARENTS NAME _____

DATE REGISTRATION RECEIVED _____

AMOUNT PAID _____ CHECK #/_____CASH _____

DATE _____

ORIGINAL BAPTISMAL CERTIFICATE or LETTER FROM CHURCH OF BAPTISM RECEIVED _____

FIRST RECONCILIATION CLASS ATTENDANCE

Oct. 8_____ Oct 25 workshop_____ Oct. 29_____ Nov. 12 _____

RECEPTION OF FIRST RECONCILIATION

Nov. 15_____ Priest _____

FIRST EUCHARIST CLASS ATTENDANCE

Feb. 25_____ Mar. 14 retreat Mar. 25_____ April 15 _____ April 29_____

RECEPTION OF FIRST EUCHARIST

May 3 _____
(9:30AM)

Priest _____

Notification sent to _____

Date _____