

St. Martin of Tours Sacramental Preparation Registration



Family Name: _____

1. Mother's Information:

_____ _____ _____
First and Last Name best number Email

2. Father's Information:

_____ _____ _____
First and Last Name best number Email

3. Child lives with:

___ Both mother and Father ___ Mother ___ Father ___ other

If other please explain _____

4. Child's Address: _____

5. Emergency Contact:

_____ _____ _____
First and Last Name best number relationship

6. Child's information:

_____ _____ _____
First and Last Name Date of Birth Name of School attending
00/00/0000

7. _____ Baptized? Yes No (please circle one)
Grade just completed

8. Previous Religious Education includes:

___ Attending St. Martin of Tours Academy or Parish Faith Formation

___ Attending Catholic School or Faith Formation at another Parish

If at another Parish Please specify what parish and what grades

9. Sacramental Needs (check all that apply)

- Baptism
- Profession of Faith (if not baptized in the Catholic Church)
- Reconciliation
- First Holy Communion

10. Parent Agreements:

The Sacramental Preparation for Reconciliation and First Holy Communion is a shared experience with at least one parent attending sessions with their child. I agree to attend all sessions with my child and to make arrangements for a make up session if a session must be missed for an emergency. _____
initials

Children look to their parents as “role models.” I desire to learn and walk with my child in this faith journey and I agree to attend Mass weekly on Sat/Sunday with my child _____
Initials

Mother/Guardian Signature & date

Father/Guardian Signature & date

Please submit \$65 registration fee and *Copy of Baptismal Certificate* with form.

Office:

Cash amount received: _____

Check number and amount received: _____

Certificate received: Yes _____
No _____