

ATTACH A COPY OF
YOUR
CHILD'S BAPTISMAL
CERTIFICATE TO THIS
FORM **BEFORE** YOU
TURN IT IN!

Sacramental Preparation Reconciliation & First Communion 2016-2017

Child's Name: _____ Grade: _____

Date of Birth: _____ School: _____

IMPORTANT

Your child must attend religion classes or participate in a home school program in order to participate in the preparation for Reconciliation and First Communion.

You must also be a registered member of Corpus Christi.

The Sacrament of **Reconciliation** has been scheduled for Sunday, December 4th, after the 9:45 mass.

First Communion will be on Saturday, May 6th, during the 4:30 mass and Sunday, May 7th, during the 9:45 mass.

Mother's name _____ Father's name _____

Family Address (include zip code)

Email (**write neatly**) _____ Phone _____

Reconciliation Preparation Dates

First Class - Nov. 6th, 11:00-12:00
Second Class – Nov. 27th, 11:00-12:00
Retreat – Dec. 3rd, 9:00-11:00

First Communion Preparation Dates

First Class – March 5th, 11:00-12:00
Second Class – April 2nd, 11:00-12:00
Retreat – April 29th, 9:00-11:00

REGISTRATION FEE IS \$40 PER STUDENT

OFFICE USE ONLY PAID: CHK# _____ CASH: _____