

**SACRED HEART CHILDREN'S
SACRAMENTAL PREPARATION REGISTRATION FORM**

Registration Date:(dd/mm/yy) _____

Child's Name: _____

Date of Birth: (dd/mm/yy)_____ Place of Birth: _____

Child's Grade in September 2025: _____ Child's School: _____

Parent's Names: Mom: _____ Maiden Name: _____

Dad: _____

Mailing Address: _____ Postal Code: _____

E-mail: Mom: _____ Cell# _____

Dad: _____ Cell# _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism ☐ Date (dd/mm/yy): _____ Church: _____

1st Reconciliation ☐ Year: _____ Church: _____

1st Holy Communion ☐ Year: _____ Church: _____

Confirmation ☐ Year: _____ Church: _____