

# First Grade

## Sacramental Preparation 2018-19

*I will learn the prayers with my child at home, attend all meetings and commit myself to support him/her during and after this preparation. My child and I will meet with a Deacon to review the prayers at least three times during the year.*

*To receive these Sacraments next year, your child must be enrolled in either our Wednesday RE program or attend SES school.*

Enrolled in BSC's RE program: yes \_\_\_\_\_ no \_\_\_\_\_ Enrolled in SES: yes \_\_\_\_\_ no \_\_\_\_\_

Parish Registration: Blessed Sacrament Church: yes \_\_\_\_\_ no \_\_\_\_\_ Other \_\_\_\_\_

If other, you will need your priest's permission to do Sacramental preparation at BSC.

Usual Mass Time Attendance: 5:30 \_\_\_\_\_ 7:00 \_\_\_\_\_ 9:00 \_\_\_\_\_ 11:00 \_\_\_\_\_ Spanish \_\_\_\_\_

### Please Print

Child's Name: \_\_\_\_\_  
Last First Middle Name (not initial)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\*E-Mail Address (family): \_\_\_\_\_  
(\*Please include)

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
First Last (if different than above)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
First Last (if different than above)

Mother's Maiden Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Place of Baptism: \_\_\_\_\_  
Parish City/State Zip