



First Reconciliation & First Eucharist Registration Form—2017/2018

STUDENT INFORMATION

(First—as it appears on birth certificate) (Middle) (Last)
Preferred first name (if different than above): _____
Birth Date: _____ Birthplace (City/State) _____
School Attending: _____ Grade: _____

PARENT CONTACT INFORMATION

Father/Guardian Full Legal Name: _____
Mother/Guardian Full Legal Name: _____ Maiden Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Preferred Parent Email(s) for Program Updates : _____
Primary Parent Phone Number(s) : _____

PARISH COMMUNITY

Please circle the Mass time(s) your family usually attends: 5 PM 8 AM 10:30 AM 7:30 PM
Please check the box if you would like the nursery to be available during next year's four Parent Sessions:
Is your family registered at St. Ignatius Catholic Church? Yes No Unsure In Process
If registered at another parish, please attach a letter of permission from your Pastor.
If you would like to register at St. Ignatius, you can register online (<http://www.sipdx.org/registration>), in person at the parish office, or the parish can mail you an informational packet and paper forms. Please check the box to the right if you would like to be mailed a packet:

BAPTISM VALIDATION

Date of your child's Baptism: _____
Was your child baptized at St. Ignatius Catholic Church? Yes _____ No _____
*If your child was not baptized at St. Ignatius, please attach a **copy of their Baptismal Certificate** from the church of Baptism to this registration form and complete the fields below:*
Church Name: _____ City/State: _____

Please submit this registration along with the photo release, medical form, fee, and if needed, a copy of your child's Baptismal certificate to the St. Ignatius Parish Office by 9/12/2017 <http://www.sipdx.org/first-eucharist>