

SACRAMENT INFORMATION

Baptism Roman Catholic ____ Non-Catholic Baptism ____ Denomination _____

Baptism: (Yes) (No) _____
Name of Church Date

_____ Address

Eucharist: (Yes) (No) _____
Name of Church Date

_____ Address

Prepared for
 1st Penance: (Yes) (No) _____
Name of Church Date

_____ Address

STUDENT PROFILE

Does your child have any special problems we should be aware of:

If yes, explain: Yes No Explanation

Physically Challenged: _____

Psychological: _____

Emotional: _____

Learning Difficulties: _____

Family Situations: _____

Allergies _____

Health Issues _____

Other: _____

Does your child take any medication regularly? Yes No

If yes please list them _____

Is English the primary language spoken at home? Yes No

If no, what language is primarily spoken? _____

Is Family registered in Ascension Parish? Yes No Envelope # _____

How long have you lived /worshipped in our Parish? _____

Signature of Parent or Guardian:

As a parent/guardian, I realize that I am the primary religious educator of my child. I have a very important responsibility in sharing the faith with my child. It is important for me to pray daily and attend Mass every Sunday/Holy Day with my child. I will be supportive of our Faith Formation Program and cooperate in all that is asked of me as a parent/guardian. I also give permission to have my child's photo taken during the event to be used for publicity purposes

Parent's Signature: _____ Date: _____

 Office Use Only

1 st	2 nd	3rd	4th	5 th	6th	7th

Total Due	Amount Received	Balance Remaining

Note: _____