



FAITH FORMATION REGISTRATION

FIRST RECONCILIATION/FIRST EUCHARIST

Family Name(s) _____

Address _____ City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone _____ E-mail _____

Parent/Adult Information

Adult 1—Full Name _____ Relationship to child _____

Pre-Marriage Surname (if applicable) _____

Baptized? Yes No Religion _____ First Communion? Yes No Confirmed? Yes No

Adult 2—Full Name _____ Relationship to child _____

Pre-Marriage Surname (if applicable) _____

Baptized? Yes No Religion _____ First Communion? Yes No Confirmed? Yes No

Parents, were you married in the Catholic Church? Yes No If yes, date of marriage: _____

Is your family registered in The Madeleine Parish? Yes No If no, parish registered: _____

Are there any custodial issues we need to be aware of? Yes No *If yes, we will contact you.*

Are there any special needs we need to be aware of? Yes No *If yes, we will contact you.*

Student Information

Student 1—Full Legal Name _____

Student Baptism: Date _____ Church of Baptism, city/state _____

School attending: _____ Grade _____

Any food allergies? Please list: _____

Student 2—Full Legal Name _____

Student Baptism: Date _____ Church of Baptism, city/state _____

School attending: _____ Grade _____

Any food allergies? Please list: _____

Student 3—Full Legal Name _____

Student Baptism: Date _____ Church of Baptism, city/state _____

School attending: _____ Grade _____

Any food allergies? Please list: _____

Please list additional children on additional forms

Fees:

• First Reconciliation/First Eucharist# _____ x \$60 = \$ _____

TOTAL = \$ _____

If not baptized at The Madeleine, Please include copy of child's baptismal certificate with registration

Questions or more information: Rose Horton, 512-627-5568 and sac-prep@themadeleine.edu