



St. Isidore Parish 2009/2010
First Reconciliation & Eucharist Registration

Child's Name _____

(please print exactly as you would like it to appear on their First Eucharist certificate)

Child's Date/Place of Birth _____

Date

city/town

state

Parent's Names _____

Mother's maiden name _____

Address _____

Telephone _____ cell phone _____

*Parent e-mail _____

**Church of Baptism _____

City _____ State _____

I plan to have my child participate in the optional First Eucharist Family Faith
Group. ___ Yes ___ No

*Parent email is used for ALL written communication regarding FE preparation. Please be certain that we always have an accurate email address on file.

***We will need a copy of your child's Baptism record if they were not baptized at St. Isidore.* In accordance with Canon Law, children are not able to receive First Communion unless we have a record of their Baptism in our files. Please include it with this form. If you need assistance obtaining this record, please contact the Religious Education office, and ask for Nancy. She would be happy to help : 978-897-9790 or nedome@stisidorestow.org.

Please return this form on or before July 15, 2009 with the program fee of \$30. This fee covers the expenses for First Eucharist/Reconciliation materials & retreats.

(Rev. 5/20/09)