



ST. ROMAN PARISH
 FIRST RECONCILIATION AND
 FIRST EUCHARIST PROGRAM
 REGISTRATION 2008-2009



_____ I wish to enroll my child in the First Reconciliation Program.
 (\$25.00)

_____ I wish to enroll my child in the First Eucharist Program (\$25.00)

Child's Full Name _____

Child's Date of Birth _____ City of Birth _____

Father's Name _____

Mother's (Maiden) Name _____

Date and Church of Baptism _____

(If other than St. Roman, a copy of the Baptismal Certificate is required before your child can receive Reconciliation and/or Eucharist.)

I am willing to volunteer for the following :

_____ Classroom Teacher

_____ Classroom Aide

Payment received _____

Payment due _____