



**NOTE: Please complete and return to Yolanda Villarreal**

Child's Name	DOB	Age	M/F	Year Baptized	Sacraments of Initiation Needed (Bapt, Comm, Rec)
<b>Address:</b>					
<b>Name</b>		<b>Phone</b>		<b>Email</b>	
Mother					
Father					
Emergency Contact				Relationship to participant	

Photo Waiver: As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials in highlighting the event.

What activities does your child enjoy?	
Cutting, coloring and writing skills?	
Reading age or grade level?	
How does your child communicate?	
Does your child have any sensory sensitivities?	
How can we best support your and your child in faith formation?	

First Communion Registration Fee: \$50 First Child | \$25 each additional child

Office Use Only Receiver by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_