

First Communion - First Year

Name: (Last name) _____ (First name) _____

Address: _____, San Antonio, Texas 782_____

Date of Birth: _____

School Attending: _____ Grade: _____

Home Phone # _____ Cell Phone # _____

Father's Name: _____

Mother's Name: _____

Legal Guardian (if other than Parent): _____

Grandparent () Aunt/Uncle () Brother/Sister () Other () _____

Do you have legal documentation? () yes () no

Baptism

Has your child been baptized? () yes () no

If so, please give name of church _____

Medical

Does your child have any medical condition(s) and/or learning disabilities that require special attention?

If so, please list (be specific): _____

Initial Fee: \$30.00 _____

Paid in Full: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Program Personnel: _____ Date: _____

First Communion - Second Year

Name: (Last name) _____ (First name) _____

Address: _____, San Antonio, Texas 782_____

Date of Birth: _____

School Attending: _____ **Grade:** _____

Home Phone # _____ **Cell Phone #** _____

Father's Name: _____

Mother's Name: _____

Legal Guardian (if other than Parent): _____

Grandparent () Aunt/Uncle () Brother/Sister () Other () _____

Do you have legal documentation? () yes () no

Baptism

Has your child been baptized? () yes () no

If so, please give name of church _____

Medical

Does your child have any medical condition(s) and/or learning disabilities that require special attention?

If so, please list (be specific): _____

Initial Fee: \$40.00 _____

Paid in Full: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Program Personnel: _____ **Date:** _____