

St. Andrew the Apostle Catholic Church Religious Education Office 213 E Main St. Waynesboro PA 17268

First Holy Communion Information Form

| I would like my child, | to receive the Sacraments of First |
|---|---|
| Penance and First Holy Commu preparation of First Holy Comm participation in religion class, re | nion during the 2018/2019 school year. Essential for the union is regular attendance at Sunday & Holy Day Masses, treats and projects as well as a commitment on my part to the my children. I promise to make every effort to assist in my |
| child's preparation for these Sacr | |
| Signed: | Date: |
| Family e-mail address | |
| The following information is | s needed for the Baptismal RegisterPlease complete <u>all.</u> |
| Child's full name | |
| Date of Birth | Place of Birth |
| Father's Name | |
| Mother's (Maiden) Name | |
| Parish of Baptism | |
| Address of Parish | |

Please attach a copy of the child's Baptismal Certificate if they <u>were not</u> baptized at St. Andrew the Apostle Church. Thank you, in advance, for providing this information for our records.

Complete and return to your child's teacher.