

FIRST EUCHARIST 2017-2018 APPLICATION

Please complete all of the information on this form and return it with a Baptismal Certificate and the \$75.00 program fee per child to: **St. Patrick PREP. 118 Woodland Avenue. Malvern, PA 19355**

CANDIDATE INFORMATION

| | | |
|--------------------|--------|------|
| Child's First Name | Middle | Last |
|--------------------|--------|------|

| | | |
|----------------|------|-----|
| Street Address | City | Zip |
|----------------|------|-----|

| | | |
|--------------------|------------------------------|----------------------|
| Child's Birth Date | Place of Birth (City, State) | Age as of April 2018 |
|--------------------|------------------------------|----------------------|

Name of School Child Attends

BAPTISMAL INFORMATION

Name of Church Where Your Child Was Baptized

| | | | |
|--------------------------|------|-------|-----|
| Street Address of Church | City | State | Zip |
|--------------------------|------|-------|-----|

| | | | |
|-------------------------------|-------|-----|------|
| Date of Your Child's Baptism: | Month | Day | Year |
|-------------------------------|-------|-----|------|

| | |
|---------------------|--------------------|
| Father's First Name | Father's Last Name |
|---------------------|--------------------|

| | |
|---------------------|----------------------|
| Mother's First Name | Mother's Maiden Name |
|---------------------|----------------------|

PLEASE REVIEW, SIGN AND RETURN

I give permission for my child's picture to appear on St. Patrick's website, bulletin boards, or other Parish communication.

A copy of my child's Baptismal Certificate is enclosed. *A Baptismal Certificate copy is required from every sacrament candidate. If you do not have one please contact the Church where your child was baptized.*

My \$75.00 Program contribution is enclosed payable to St. Patrick Parish.

Signature: _____ Date: _____ Relationship to child: _____

DEADLINE: December 1, 2017