

FIRST EUCHARIST 2018-2019 APPLICATION

Please complete all of the information on this form and return it with a Baptismal Certificate, Photo Policy, and the \$75.00 program fee per child to: **St. Patrick PREP.131 Channing 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 2019
--------------------	------------------------------	----------------------

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 Church.

Signature: _____ Date: _____ Relationship to child: _____

DEADLINE: November 16, 2018