## **First Communion Student Information Sheet**

2024-2025 Year

\*Please complete and return this form at the Parent Meeting on Wednesday, September  $4^{\text{th}}\,$  at 6:00-7:30PM .

Parent Name:				
Child's Name:				
Child's Grade:				
Email :				
Faith Formation: (Please Cir	rcle One)	Sundays	Wednesdays	Private Catholic School
Would your child be interes	ted in readi	ng for: (Plea	se check all that	apply)
1 <sup>st</sup> Reconciliation (Janua	ry 14 <sup>th</sup> ) <sub>-</sub>	1 <sup>st</sup> Ho	oly Communion (M	1ay 3 <sup>rd</sup> )
Would your child be interes	ted in being	g a candlehol	der for 1 <sup>st</sup> Recon	ciliation on January 14 <sup>th</sup> ?
yesno				
Would your child be interes	ted in bring	ing up the git	ts for: <i>(Please ch</i>	eck all that apply):
1 <sup>st</sup> Holy Communion (I	May 3 <sup>rd</sup> )			
May Crowning of Mary	-11:00AM N	1ass – May 4 <sup>th</sup>		
Is your family interested in a	_			- · · · · · · · · · · · · · · · · · · ·
immediately following the F the luncheon would be \$15.0 more if the numbers worked of specific in the future.	0 per perso	n and we wou	ld limit guests to 8	3-10 for now, but possibly
yesno	est	imated # atte	ending	