

Sacramental Student Parent Information Sheet

2026-2027 Year

*Please complete and return this form at Parent Meeting in the Fall.

Parent Name: _____

Child's Name: _____

Child's Grade: _____

Email : _____

Faith Formation: (Please Circle One) Sundays Wednesdays Catholic School

Would your child be interested in reading for: (Please check all that apply)

____ 1st Reconciliation

____ 1st Holy Communion

Would your child be interested in being a candleholder for 1st Reconciliation?

____ yes ____ no

Would your child be interested in bringing up the gifts for First Holy Communion:

____ yes ____ no

Is your family interested in attending a First Communion Catered Lunch Reception, immediately following the First Communion Mass on Saturday, May 1st at 11:00AM? The cost of the luncheon would be \$15.00 per person and we would limit guests to 8-10 for now, but possibly more if the numbers worked out). We are just surveying for now and will send something more specific in the future.

____ yes ____ no estimated # attending _____

