

Saint Thomas of Villanova Sacrament Registration Form 2023-2024

Please fill out one form per child. Candidate for:			
BaptismR	econciliation	Eucharist	Confirmation
Date:			
Student Name:			
(First)	(M.I.)	(Last)	D O B
Gender: Birth City/State:			
Special Health/Learning Concerns:			
Upcoming Grade as of September 2023:	Child's School:		
Candidate's Sacrament Information			
Church* of Baptism:			Date:
Church* of 1 st Reconciliation:	City/Stat	e:	Date:
Church* of 1 st Eucharist:	City/Stat	e:	Date:
Church. Previous Religious Education Years: Location:			
Candidate FAMILY Information			
Last Name (if other than childs):			
Home Address:			
City:	_ State: Zip C	ode: Home P	hone:
Family E-mail Address:			
Name: Father's:			
Religion: Father's:			
Cell Phone: Father's:			
Marital Status (Please check): Marrie			e Parent
With whom does the child reside:Is child current with vaccinations (not including			
covid)Any special needs your chi			