

St. Elizabeth Ann Seton Catholic Church and Schools

Reconciliation Preparation Registration Form 2010-2011
(This form needs to be accompanied by a copy of your child's baptismal certificate.)

Date: _____
(Fecha)

Parish Number: _____
(# en la Iglesia)

Student's Name: _____
(Nombre del estudiante) (last) (apellido) (first) (nombre)

Grade 2010-2011: _____
(grado en la escuela)

Birth Date: _____ Age: _____
(fecha de nacimiento)

Male _____
(masculino)

Female _____
(femenino)

***Primary Family E-mail Address: _____
(Dirección de Correo Electrónico familiar)

Primary Phone Number: (_____) _____
(número de teléfono en casa)

Address: _____
(dirección) (street) (calle) (city) (ciudad) (zip) (zona postal)

Lives with: Mom _____ Dad _____ Both _____ Other _____
(vive con: (mamá) (papá) (los dos) (otros))

Father/Guardian: _____
(Padre o guardián)
Work Phone: (_____) _____
(teléfono trabajo)
Cell Phone: (_____) _____
(Celular)
Religión: _____

Mother/Guardian(Maiden Name): _____
(Nombre de soltera de la madre o guardián)
Work Phone: (_____) _____
(teléfono trabajo)
Cell Phone: (_____) _____
(Celular)
Religión: _____

Sacraments received (citar Sacramentos ya recibidos):

Baptism – Date: _____ Church: _____
Church Address: _____ City: _____ State: _____ Country: _____

CHECKLIST FOR ENROLLMENT

_____ I have submitted a copy of my child's baptism certificate with this registration form.

Last year my child was enrolled in:

- _____ CCE
- _____ CCE Home School
- _____ Catholic School, *please specify:* _____

Currently, my child is enrolled in:

- | | | |
|---|---------------------------------|-------------------------|
| _____ Sun. 3:45pm CCE/Life Teen | _____ Sun. 7:00pm CCE/Life Teen | _____ Mon. 5:00pm CCE |
| _____ Mon. 6:45pm CCE/Edge | _____ Tues. 5:00pm CCE | _____ Tues. 6:45pm CCE |
| _____ Wed. 5:00pm CCE | _____ Wed. 6:45pm CCE | _____ Thurs. 7:00pm CCE |
| _____ CCE Home School Program | | |
| _____ Catholic School, <i>please specify:</i> _____ | | |

Signature of Parent or Guardian (Firma de padre o madre o guardian)

OFFICE USE ONLY Baptismal Certificate: _____ Date Received _____
Date Reconciliation Prep Completed: _____
\$22.00 Reconciliation Text /Materials Fee Date: _____ Amount Paid: _____ Cash/Check: _____