St. Katharine Drexel Parish School Attending_____
FIRST SACRAMENTS REGISTRATION GIFT Registration_____
2010-2011

Please complete the top portion of the registration form. Thank you.

Child's Name_____
first middle last

Child's Address _____

Mother's Name _____
first maiden last religion

Mother's Address *If different from child's*_____

Father's Name _____
first last religion

Father's Address *If different from child's*_____

Child lives with: Both parents Mother Father Shared Other

Home Phone Number _____ _____
Mother Father

Child's Date of Birth _____City/State of Birth _____

Parish/City of Baptism_____Year of Baptism_____
For children not baptized at St. Mary's, St. Al's, or St. Francis, _____
prior to First Communion, parents must contact the parish where their child was baptized and ask that an updated baptismal record be sent to St. Katharine Drexel Parish, 119 W. Seventh St., Kaukauna, WI 54130. Thank you.

++

OFFICE USE ONLY

First Reconciliation

_____**First Reconciliation Orientation**

_____**First Reconciliation Book**

_____**First Reconciliation Retreat**

Celebration Date

_____**November 18, St. Mary's Site**

First Sacraments

_____**Worship Service Completed**

_____**Community Service Completed**

_____**GIFT attendance**

First Communion

_____**First Communion Orientation**

_____**Rite of Enrollment**

_____**Parent/Child Meeting One**

_____**Parent/Child Meeting Two**

_____**First Communion Book**

_____**Retreat**

Celebration Dates

_____April 30 Saturday 4:00 p.m. St. Mary's site
_____May 1 Sunday 8:30 a.m., St. Al's site
_____May 1 Sunday 10:30 a.m., St. Mary's site
_____May 7 Saturday 4:00 a.m., St. Mary's site
_____May 8 Sunday 8:30 a.m., St. Francis site
_____May 8 Sunday 10:30 a.m., St. Mary's site