Immaculate Conception Catholic Church

First Reconciliation & First Eucharist Registration

2026-2027

CHILD:

Full name: _____

(First) (Middle) (Last)

Date of Birth: _____ _____ _____

(Month) (Day) (Year)

Date and Place (Church, City, State) of Baptism: _____

If not baptized at Immaculate Conception, a copy of the Baptismal Certificate is required and should be given to the Director of Religious Education, Jean Hawley prior to the first parent-child workshop.

Grade Level 2025-2026 school year: _____ (should be at least Grade 2 or 3).

Please note: Your family should also be enrolled in the Whole-Parish Formation program, GIFT, at Immaculate Conception.

PARENTS/GUARDIANS:

Father/Guardian: _____ _____ _____

(First) (Middle) (Last)

Religion: _____

Mother/Guardian: _____ _____ _____

(First) (Middle) (Last)

Maiden Name: _____

Religion: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____-_____ Email: _____

Are you registered members of Immaculate Conception? _____

ANY FOOD ALLERGIES WE SHOULD BE AWARE OF? _____

****Please Note: Children AND Parent(s) are expected to attend scheduled preparation workshops for Sacraments AND the monthly GIFT sessions.***