



Attach Baptismal Certificate to this form

St. Martha Catholic Church Sacrament Registration Form 2017-2018



- 2nd – 5th grade \$60 FEE PER CHILD DUE WITH REGISTRATION
- 6th – 12th grade \$20 FEE PER CHILD DUE WITH REGISTRATION
- ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE (SEE BELOW FOR MORE INFORMATION)
- THIS FORM MUST BE TURNED IN NO LATER THAN SEPTEMBER 29th
- SMCS STUDENTS IN SACRAMENT PREP NEED TO FILL OUT **THIS FORM** ONLY (NOT THE CCE FORM)

Catechesis is required at least one year prior to (and also during) the sacrament preparation.

Was your child enrolled in catechesis last year? (Yes/No) If yes, circle one: CCE/SMCS/Other _____
This year, your child will be enrolled in (circle one): CCE / SMCS.

CHILD'S INFORMATION (Please fill out one form for each child)

_____ Full Name of Child (as on Birth or Bapt. Certificate) _____ Age (as of Sept. 1st) _____ Grade (2017-2018) _____ T-shirt size: (YS YM YL YXL)

_____ Date of Birth _____ City of Birth _____ State of Birth

Was your child Baptized Catholic? Yes / No Name of church where baptized _____
 Date of Baptism _____

Complete address of church where baptized: _____

FAMILY INFORMATION **Please note: e-mail is the main method of communication. Please print clearly.*

Registered St. Martha Parishioner? Yes / No

_____ Home Address _____ City _____ State _____ Zip

_____ Father's **Full** Name (as on child's baptismal cert.) _____ Mother's **Full Maiden** Name (as on child's baptismal cert.)
 Lives with this child? Yes / No Lives with this child? Yes / No

_____ Father's Primary Phone # _____ Mother's Primary Phone #

_____ Father's Religion _____ Mother's Religion

_____ Father's email address _____ Mother's email address

****Baptismal certificate must be provided at time of registration. Your child is not enrolled in sacrament preparation until this form and child's baptismal certificate is received. If your child was baptized at St. Martha, a copy of baptismal certificate is not needed.***

OFFICE USE: Amount Paid: _____
 Pmt. Type: Credit Card _____ Cash _____ Check (number) _____

OFFICE USE: DATE RECEIVED

Reconciliation Date _____ Communion Date _____
 CCE Class _____ (or if SMCS)