

# Epiphany 2<sup>nd</sup> Grade Formation

1<sup>st</sup> Communion Prep – Sundays 10:15-11:15am

Child's Full Baptismal Name \_\_\_\_\_

Child's Age/M,F/Grade & School entering in Fall: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Maiden Name \_\_\_\_\_

Phone #'s \_\_\_\_\_ Email \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City/State \_\_\_\_\_ Date \_\_\_\_\_

Remarks: (Special info – learning disability, physical handicap, special needs, allergies, etc.)

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*Suggested Fee: \$45.00*

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