

## Saint Thomas of Villanova Sacrament Registration Form 2024-2025

Please fill out one form per child. Candidate for:				
Baptism	Reconciliation	Eucharist	Confirmation	
Date:				
Student Name:				
(First	) (101.1.)	(LdSt)		
			D.O.B	
Special Health/Learning Concer				
Upcoming Grade as of Septembe	er 2023: Child's School:_			
Candidate's Sacrament Information				
	City/State		Date:	
	City/State			
Church* of 1 <sup>st</sup> Eucharist:	City/State	:	Date:	
<u>*Copies of sacrament certificates MUST accompany this form if other than St. Thomas of Villanova</u> <u>Church.</u> Previous Religious Education Years: Location:				
Candidate FAMILY Information				
Last Name (if other than childs):				
Home Address:				
	State: Zip Co			
Family E-mail Address:				
Name: Father's:	Mother's:	Maiden	Name:	
Religion: Father's:				
Cell Phone: Father's:				
Marital Status (Please check): Married Widowed Divorced Single Parent				
With whom does the child reside:Is child current with vaccinations (not including				
covid)Any special needs your child has that we should be aware of:				
· /				