

NKCC Sacramental Preparation 2020-2021

_____ We wish to wait for another year.

(PRINT your family name, sign and return "Care of Sacramental Prep" to the Parish office by August 11, 2020)

Family Name *(Please PRINT)* _____

Street Address _____

City, Zip _____

Phone (H#) _____ (C#) _____

E-mail address _____

Parents: Father _____
first middle last

Mother _____
first middle (maiden) last

Child _____
first middle last

Child's date of birth _____ Place of birth _____

Has your child been baptized? No ___ Yes ___ If yes, date of baptism _____

**Church of baptism _____

****If your child was not baptized at MSP, SJ or SM please provide a copy of your child's Baptismal Certificate. (may be obtained from child's Church of baptism)**

Church location (city, state) _____

Child's faith formation to date: *(Please check off all that apply.)*

| | Preschool | Kindergarten | First Grade |
|-----------------------------|-----------|--------------|-------------|
| Mary, Queen of Apostles | ___ | ___ | ___ |
| Faith First | ___ | ___ | ___ |
| Catechesis of Good Shepherd | ___ | ___ | ___ |
| Come to the Table | ___ | ___ | ___ |

Is this the first child in your family to participate in the sacramental preparation process?

___ yes ___ no If not, in what year did you last participate? _____

Signatures of Parents or Guardians