

Pink
Liturgy Choice

FIRST EUCHARIST INFORMATION SHEET

**** RETURN BY MARCH 31, 2011 ****

TO THE RELIGIOUS EDUCATION OFFICE

Child's Name (print) _____
Last First

Child's name : _____
(as you want it to appear on their certificate)

Parents' Names: _____

Address: _____

Phone: _____ Cell: _____

Teacher's/Catechist's Name: _____

If religious education student, day your child attends: Sunday / Wednesday

The date we have chosen for First Communion Day:

We will have our child make his/her First Communion with us during Mass on the weekends of April 30/May 1 or May 9/10. Please mark **ONLY ONE**.

- | | |
|--------------------------------------|-----------------------------------|
| ___ Saturday, April 30, 5:00 PM Mass | ___ Saturday, May 7, 5:00 PM Mass |
| ___ Sunday, May 1, 7:15 AM Mass | ___ Sunday, May 8, 7:15 AM Mass |
| ___ Sunday, May 1, 9:00 AM Mass | ___ Sunday, May 8, 9:00 AM Mass |
| ___ Sunday, May 1, 11:00 AM Mass | ___ Sunday, May 8, 11:00 AM Mass |

OR

- | | |
|----------------------------|-------------------------------|
| ___ Sunday, May 1, 1:30 PM | ___ Sunday, May 8, at 1:30 PM |
|----------------------------|-------------------------------|

*****This form is DUE by Thursday, March 31, to the religious education office. It can be dropped in the collection basket in an envelope marked Religious Ed. *****

If you have questions about your selection, please contact Tami Peters in the Religious Ed. Office, 489-3537, ext. 235