Child's Name:		Grade:
Birth Date:	Name of School:	
	(name of church)	
		Confirmation Date:
Does your child have a learning	ng disability: (ADD, etc.)	
Health Problems/Allergies:		
		0-1
Birth Date:	42.1	
	(name of church)	Year:
		Confirmation Date:
Health Problems/Allergies: _		
		0
Birth Date:		
	(name of church)	
Paperciliation Date:	First Eucharist Date:	Confirmation Date:
Reconciliation Date: First Eucharist Date: Confirmation Date: Does your child have a learning disability: (ADD, etc.)		
II.	Name of School	
Birth Date:	(name of shurch)	Year:
Baptized at:	(name of church)	Confirmation Date:
		Confirmation Date:
Health Problems/Allergies:		