

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

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