

First Reconciliation/First Eucharist Enrollment

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Father's Name _____

Mother's Name _____

Maiden Name _____

Child's Date of Birth _____ City of Birth _____

Church of Baptism _____

Date of Baptism _____

Address of Church _____

City _____

State _____ Zip Code _____

Please complete this form and return it along with a copy of your child's Baptismal Certificate and a check in the amount of \$45 made payable to St. Andrew Apostle. The fee covers both First Reconciliation and First Eucharist.

Please note that we must have a copy of your child's Baptismal Certificate in order for them to receive First Eucharist.

If you have any questions do not hesitate to contact Mary Tull at 301 649-4200 ext. 1.