

**First Reconciliation 2011
St. Michael's Church
Parent Intent Form**

(Please Print)

Child's Name: _____

Address: _____

Postal Code: _____

School: _____

Teacher: _____

Has your child Made First Communion at St. Michaels? Yes No

If No, where did your child make First Communion? _____

Is your child preparing to receive First Communion? _____

Parent or Guardian's Name: _____

Phone Number: _____

Please indicate when you would like to present your child for First Reconciliation:

Wednesday, March 23, 2011 7:00 pm _____

Wednesday, March 30, 2011 7:00 pm _____

Parent or Guardian
Signature: _____

* We suggest a donation of \$10.00 for materials used.