



REGISTRATION FORM FOR COMMUNION

Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Address _____

Email (one of the parents) _____

Phone _____

Child's Country of Origin _____

NOTE:

- Classes are held one Saturday each month from 10:00 a.m. to 2:00 p.m. for 6 months (that is, 6 Saturdays).
- Parents and children must attend Sunday service during the months when the classes are held.
- The suggested donation is \$300.00.

Santa Cruz Resurrection Episcopal Church
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