

Our Lady of Mercy Maronite Church
First Holy Communion Class Registration Form
for the 2026-2027 School Year

Name of Child: _____

Birth Date: _____

Grade (entering in the fall of 2026): _____

School: _____

Baptism location: _____

Date of Baptism: _____

Name of Parent(s): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Does your child have any allergies or Medical conditions? If yes, please list them:

Child's Name: _____

Date of birth: _____

Medical conditions: _____

Medical Allergies: _____

Is an Inhaler/EpiPen required for your child's medical allergies? Yes _____

No _____

(if it is, please provide it along with the doctor's prescription) If there are any other concerns you wish to discuss with your child's teachers, please mention them here.

Please return this form to Rev. Peter Frangie ASAP.