



## First Reconciliation – First Communion

St. Elizabeth of Hungary  
 66700 Pierson Blvd. Desert Hot Springs, CA 92240  
 (760) 251-9268  
 Email: elizabethhungary.church@gmail.com

Today's Date \_\_\_\_\_ Is your family registered in the Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Father's Name \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_ Tel \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Tel \_\_\_\_\_

**NOTE:** To register, please bring:

- The Birth Certificate of the student
- The Baptism Certificate of the student
- This registration form completed

**Fees:** 1 Student **\$50.00**.....2 Students **\$80.00**.....3 Students or more **\$100.00**  
 (Students must be siblings to obtain a discount)

**Student Book: \$30.00**

**FEES ARE NON-REFUNDABLE**

Please sign here to acknowledge and agree: \_\_\_\_\_

### **OFFICE USE ONLY / PARA EL USO DE LA OFICINA**

Formation	
1st Year	2nd Year
Year _____	_____
Paid _____	_____
Date _____	_____
Rcpt# _____	_____

Copies of Certificates Attached	Yes	No
Birth Certificate	_____	_____
Baptism Certificate	_____	_____
	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_