

FIRST EUCHARIST CHURCH OF ST. DOMINIC

Family Name _____

Child's Name _____
(As you would like it to appear on the program)

Parent contact info.: phone _____

email _____

Date of First Eucharist: (please choose a date that works best with your schedules)

_____ May 12, 2012 at 3 p.m. _____ May 19, 2012 at 3 p.m.

_____ Check here if your child has an allergy to gluten and call the PSR Office (216-561-0856) to discuss the gluten free procedure.

Family/Guest Information:

_____ # of parents to be seated with your child

_____ # of siblings to be seated with your child (not including First Communicant)

_____ Check here if you are in need of special accommodations for an immediate family member with a disability.

Immediate family only will sit with the First Communicants. There will be open seating for all other guests behind the First Communicants and their families.

Please return this form to Maria Keohane as soon as possible.

Questions? Call the Religious Education Office at 216-561-0856.