

**Our Saviour's Lutheran Church  
First Communion Registration Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Date/Location of Baptism \_\_\_\_\_

Food Allergies \_\_\_\_\_

Learning Needs \_\_\_\_\_

Parent/Guardian  
Name(s) \_\_\_\_\_

Parent/Guardian Home Telephone Number \_\_\_\_\_

Parent/Guardian Home E-mail Address

\_\_\_\_\_

**I understand that First Communion Instruction is family oriented and that one parent/guardian will be expected to attend the First Communion Orientation and the Family Seder with the registered child.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date