



**Registration for First Eucharist Program
2020-2021**

The Church of Saint Anselm
12969 Chillicothe Road
Chesterland, OH 44026 440-729-9575

Child's last name

First name

Program: PSR ___ SAS ___ NDES ___ Other ___

Teacher's name

Mailing Information:

Family name

Address

City, Zip

Preferred phone

E-mail

Information for Sacramental Record:

Place of Birth

City, State

Date of Birth

Church of Baptism

Date of Baptism

City and State for Church of Baptism

Father

First

Last

Mother

First

Last

Maiden (please provide)

Please check one:

Please Note: Church law requires that a staff person verify the child's baptism by seeing the certificate. Thank you for helping us to meet this requirement.

___ A copy of the original Baptismal Certificate enclosed.

___ A copy of the Baptismal Certificate has already been dropped off at the PSR Office.

___ My child was baptized at Saint Anselm (we will verify). Approximate date ___ / ___ / ___

Sacramental Fee: \$30.00

Please return registration to us by October 1st. Please mail or scan to anselmconfirm@aol.com
Sister Noel will be contacting you with further information in October.