

# First Communion APPLICATION

## St. Anthony, St. Margaret, Sacred Heart



1432 River St. Niagara, WI 54151 \* (715)251-3879 \* office@stanthonyniagara.org

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Please complete the application for the First Communion preparation program:

Name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birth place: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Baptism Place: \_\_\_\_\_

What year did you take the Sacrament of Reconciliation preparation? \_\_\_\_\_

Parish in which you are currently registered: \_\_\_\_\_

### **Questions for parents/guardians:**

Why do you want your child to receive his/her First Holy Communion?

What does receiving Jesus in the Eucharist mean to you?

Do you, as a family, regularly attend Mass? How often?

Do you encourage your child to pray and/or pray with your child? How?

How is Jesus an active member of your family?

What, do you think, does it mean to be a disciple of Jesus?

How do you intentionally teach your child to be a disciple of Jesus?

Why do you feel your child is ready to prepare to receive Communion?

What do you think your child needs from us to prepare for this Sacrament?

What do you think your child needs from you to prepare for this Sacrament?

**STUDENT: check all those you are willing to do...**

- I will try to learn more about the Mass
- I will try to participate as fully as possible at Mass
- I will try to love and serve others every day
- I will try to pray every day
- I will try to attend all my classes and retreat