



## Sacramental Registration Form 2021-2022

(for students attending Catholic schools)

Our Lady of Mercy Catholic Church  
Office of Faith Formation  
9200 Kentsdale Drive, Potomac, MD 20854  
301.365.1318

Date Received: \_\_\_\_\_

Payment Method \_\_\_\_\_

Baptismal Copy \_\_\_\_\_

**FAMILY** (please complete one Family Form per family):

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ We are registered parishioners at Our Lady of Mercy Parish.

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

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

### Parent/Guardian 1:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Sacraments received in the Catholic Church: \_\_\_\_\_ Baptism \_\_\_\_\_ First Communion

\_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_ I am not Catholic

### Parent/Guardian 2:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Sacraments received in the Catholic Church: \_\_\_\_\_ Baptism \_\_\_\_\_ First Communion

\_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_ I am not Catholic

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**SACRAMENTAL REGISTRATION STUDENT FORM** (please complete one Student Form per child):

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

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

Last

First

Preferred Nickname

Date of Birth: \_\_\_\_\_

School attending: \_\_\_\_\_

Grade 2021-22: \_\_\_\_\_

Name of Religion/Homeroom Teacher: \_\_\_\_\_

Email of Religion/Homeroom Teacher: \_\_\_\_\_

Sacrament Requesting 2021-22: **First Communion (2<sup>nd</sup> Grade):** Yes \_\_\_\_\_

**Confirmation (8<sup>th</sup> Grade):** Yes \_\_\_\_\_

**BAPTISM**

Date/Church of Baptism \_\_\_\_\_

**A copy of your child's Baptismal Certificate must be attached to this registration form.** *If your child has not been baptized in the **Roman Catholic Church**, please contact Anne Walker at [awalker@olom.org](mailto:awalker@olom.org).*

Date/Church of First Communion \_\_\_\_\_

**MEDICAL ALERTS AND PERSONAL INFORMATION**

Please provide any medical alerts, learning differences, disabilities, or family information you would like to share.

\_\_\_\_\_

\_\_\_\_\_

Can Our Lady of Mercy assist you with any other needs? \_\_\_\_\_

**PAYMENT**

*Payment and a copy of the student's Baptismal Certificate are required at the time of registration.* Payment may be made by cash, check payable to Our Lady of Mercy Catholic Church, or credit card.

**Sacramental Fee:** First Communion = \$100 per student Confirmation = \$100 per student

Credit Card No. \_\_\_\_\_ Exp Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on card: \_\_\_\_\_