

First Reconciliation 2011

Candidate's Name _____

Parent Only Workshop
Wednesday- October 26
7 to 8:30 pm

McDonough Hall

I/We will be able to attend: ___ I/ We will not be able to attend: ___

Participating parent's name:

Participating parent's contact information:

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Parent/Child Retreat

Please indicate 1st & 2nd choice for workshop

_____ *Fri. Nov 18th 7:00 - 8:30 pm*
_____ *Sat. Nov 19th 10:30 - 12:00 pm*
_____ *Sat Nov. 19th 1:00 - 2:30pm*

Families will receive confirmation of their retreat time via email prior to date.

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Reconciliation Celebration 2011

Family Name:

Candidate Name:

Our family would like to participate in the:

_____ *Friday Dec. 9th celebration @ 7pm in Church*

_____ *Saturday, Dec 10th celebration @ 11am in Church*

We would like to celebrate at an alternate date/time by appointment with one of the parish priests

RSVP FORM DUE TO RELIGIOUS EDUCATION OFFICE BY: Friday Sept. 9th