Sacramental Preparation 2025-2026
(Kindergarten - 12th)

Family Last Name: _____

Student Information				Sacramental Information			
Full Name *(First and Last)*	**Grade**	**Birthday**	**Place of Birth**	**Please check which Sacrament(s) your child has already received and the date:**			**Indicate the Sacrament(s) you would like your child to receive this year:**
				Baptism *(also indicate below)*	**Reconciliation**	**Holy Eucharist**	
				❑ Yes:_____	❑ Yes:_____	❑ Yes:_____	❑ Baptism ❑ Reconciliation ❑ Eucharist ❑ Confirmation
				❑ Yes:_____	❑ Yes:_____	❑ Yes:_____	❑ Baptism ❑ Reconciliation ❑ Eucharist ❑ Confirmation
				❑ Yes:_____	❑ Yes:_____	❑ Yes:_____	❑ Baptism ❑ Reconciliation ❑ Eucharist ❑ Confirmation

May we use photographs of your child/ren for Publicity Purposes to represent our CRE Program?   ❑ Yes   ❑ No

Baptism Information				
Student Name *(First and Last)*	**Church Name**	**Church Address** *(Include City, State, Zip)*	**Church Phone**	**Date of Baptism**

* A copy of your child's original baptismal certificate is required to complete registration.

* If your child received reconciliation/communion in the Bartlesville Catholic Community, check here ❑ and it will be retrieved (no copy needed)

Primary Parental/Guardian Contact Information

Parent / Guardian Name(s):		
Street Address:	City:	Zip:
Home Phone:	Cell Phone:	
E-Mail for CRE Communications (Please print clearly):		
Primary Language in household: ❑ Spanish ❑ English ❑ Other:	Preferred method of communication: ❑ Email ❑ Text ❑ Phone	