

Registration Update

Today's Date: _____

Please fill in all applicable information as neatly as possible & return this form to the parish office.

Last Name _____ E-Mail Address (to reach the whole family) _____

Mailing Address _____ Home Phone _____

Additional Information for Individual Family Members:

NAME	E-MAIL	CELL PHONE	WORK PHONE

Please provide information for each family member currently serving in the following ministries:

Extraordinary Ministers of Holy Communion

Name	Weekend Mass Preference				Weekday Holy Day Mass Preference				Can you minister to sick/homebound?		If so, which day(s)?							Do you prefer...			
	5pm	8am	10:30	All	9am	7pm	All		Yes	No	Su	M	T	W	Th	F	Sa		Nursing Home	Home Bound	Hospital

Lectors

Name	Weekend Mass Preference				Weekday Holy Mass Preference		
	5pm	8am	10:30	All	9am	7pm	All

Ushers

Name	Weekend Mass Preference				Weekday Holy Day Mass Preference		
	5pm	8am	10:30	All	9am	7pm	All

Altar Servers

Name	Current School Grade	Weekend Mass Preference				Weekday Holy Day Mass Preference		
		5pm	8am	10:30	All	9am	7pm	All

Our family prefers that:

- Everyone always serve at the same time
- Parents never serve at the same time
- Everyone serve at the same time when possible
- We have no preference