

St. Patrick
Religious Formation Center
284 East Main Street
Smithtown, New York 11787
(631) 724-7454

2018 First Holy Communion Response Form

Child's Name: _____
(As you'd like it to appear on their certificate PLEASE PRINT CLEARLY)

Address: _____
(street, city, zip code)

Phone Number: _____

Email: _____

DAY	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please choose a variety of days and times in your 4 selections!
Please be mindful of holiday weekends.