

Commitment Card

I, _____ will help _____ receive the
(parent or guardian) *(child's name)*

Sacrament of Reconciliation _____ time(s)
(# of times)

per month, on the _____
(first, second, third, and/or fourth)

_____ of each month.
(day of week)

Parent's / Guardian's Signature(s) *Date*

Child Signature *Date*