



Immaculate Conception Parish

216 East Dunstable Road, Nashua, NH 03062
603-888-0608 - iccnashuanh.org

Sacramental Preparation Program 2020-2021 Registration Form

OFFICE USE ONLY	
Date Rec'd:	_____
Fee Rec'd:	_____
Date Notified:	_____
email	<input type="checkbox"/>
postcard	<input type="checkbox"/>

This form is required for ALL children registering for the Sacraments of First Penance, First Eucharist and/or Confirmation

All students entering grade 6 or above, who received First Eucharist but are not Confirmed must register to receive the sacrament of Confirmation. There will be also a Restored Order celebration for grade 3 students that includes Confirmation & First Eucharist. First Penance is for grade 2 students. **SACRAMENTAL PREPARATION FEE: \$35.00/sacrament.** This fee is in addition to the regular registration fee for Faith Formation and helps defray the cost of materials (including workbooks and retreats/workshops) used to assist your child(ren) in preparing for a Sacrament. **Payment accepted online at iccnashuanh.org/paynow or by check.**

Please register my child for the following Sacraments:

First Penance (Gr. 2) First Eucharist/Confirmation (Gr. 3) Confirmation Only

Payment Method: Online at iccnashuanh.org/paynow Check

Student Information:

_____ / _____ / _____
Legal Last Name (for Parish registry) Legal First Name (for Parish registry) Middle Name Date of Birth

_____ / _____ / _____ Place of Baptism _____
Date of Baptism Catholic Church Name, Address, City, State

School Attending: _____ Grade: _____

Important Note: *If your child was baptized in a church other than Immaculate Conception, please submit a copy of their Baptismal Certificate to the Parish Office as soon as possible. First Penance, First Communion and Confirmation cannot be received without a copy of this certificate on file. If your child was not baptized in a Catholic Church, please notify our staff at the Parish Office.*

Family Information:

Mother's Name _____	Mother's Maiden Name _____
Mother's Cell _____	Mother's Email _____
Father's Name _____	Father's Email _____
Father's Cell _____	Home Phone _____
Mailing Address _____	

Please list any special circumstances that would be helpful for us to know when working with your student:

MEDICAL FORMS: If your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event, please speak with Catechetical Leader and provide us with a separate written authorization form for their use.

PHOTOGRAPH PERMISSION: Photographs and live-stream are occasionally used during our programs. They are often displayed publicly; e.g., on the parish website, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities. Please initial if you grant permission. **YES:** _____, or **NO:** _____.

GENERAL INFORMATION: My signature below indicates that to the best of my knowledge the information on this form is accurate and true. It also indicates that I have read all the information regarding the program(s) that I am registering my child(ren) and understand all policies and procedures. I understand attendance, drop-off and pick-up procedures. I also, realize that my child(ren) will be placed in a Formation program on a first-come-first-serve basis. Changes will be made at the discretion of the Faith Formation Office.

Parent/Guardian Signature

Date