

RCIA FOR CHILDREN & YOUTH

- **Who should be in the RCIA program for Children & Youth?**

The RCIA for Children & Youth is a process that invites any child or youth in 7 years and older interested in being baptized or receiving the remaining Sacraments of Initiation (Eucharist and Confirmation).

If you are one of the following, then RCIA for Children & Youth is for you:

1. **Children who have never been baptized ages 7 and older.**
2. **Children baptized in another Christian faith.**

Children begin RCIA for Children & Youth in the fall. Entry into the Church has historically been at Easter after about nine months or more of preparation but for some children, who are not yet ready, this process may take longer. The needs of each child throughout the RCIA for Children & Youth process are individually taken into account. Near the end of the process, the Sacraments of Initiation (Baptism, Confirmation, and Eucharist) are celebrated at the Easter Vigil.

2020-21 RCIA Adapted for Children & Youth Schedule (TBD)

One parent is expected to attend the classes with their child(ren), and children must also register and attend their grade-level faith formation class.

For more information and if you have any questions, please contact Lisa Storemski at lstoremski@stjosephbcs.org or 979-823-5568

**ST. JOSEPH'S CATHOLIC CHURCH
CHILDREN and Youth RCIA
(Baptism, First Communion, Confirmation)**

Students Full Name: _____

Student's Date of Birth: _____ **Birth City/State:** _____

Has the student been Baptized? _____

Father's Name: _____

Mother's Name: _____
(Including Maiden)

Address: _____
(Number) (Street) (City) (State) (Zip)

Parent's Phones: _____
(Home) (Father's cell #) (Mother's cell #)

Father's Religion: _____ **Mother's Religion:** _____

Godparent's (Sponsor) Name: (Must meet Catholic requirements)

Sponsor's Name: _____ **Religion:** _____ **Parish:** _____

Sponsor's Name: _____ **Religion:** _____ **Parish:** _____

CONFIRMATION NAME: _____

FORM NEEDED:

___ Official Birth Record (from the County not the one from the hospital) of Child attached.

GODPARENTS:

___ Must fill out, sign and return the attached Diocesan Sponsor Form and return one month before Easter Vigil Service.

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Sponsor Information

(Last)

(First) (Middle) (Suffix)

Mailing Address

(Address)

(City) (State / Province) (Postal/Zip)

Tel _____

E-mail _____

Proxy's Name (If Applicable)

(Last)

(First) (Middle) (Suffix)

Tel _____

Sponsor Information

(Last)

(First) (Middle) (Suffix)

Mailing Address

(Address)

(City) (State / Province) (Postal/Zip)

Tel _____

E-mail _____

Proxy's Name (If Applicable)

(Last)

(First) (Middle) (Suffix)

Tel _____



The Sponsor Must Be

1. A confirmed and practicing Catholic in good standings with the Church.
 2. Not married outside the Church or living in a situation which keeps from properly receiving the sacraments.
 3. **NOT** the child's parents (by birth, adoption, or marriage).
 4. 16 years of age or older.
 5. If possible, the child's Baptismal sponsor.
 6. ONE person.
 7. Available to guide him/her in their faith journey.
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