



## Sacrament Preparation Information, Authorization to treat & Photo/Video Release, Circle of Grace

Please check the Sacrament(s) that you are preparing for: 1<sup>st</sup> Communion & Reconciliation: Year 1 \_\_\_ Year 2 \_\_\_ Confirmation: Year 1 \_\_\_ Year 2 \_\_\_

### Requirements:

**1<sup>st</sup> Reconciliation and 1<sup>st</sup> Communion** - In order to enroll, your child must be Baptized and be at least in **2<sup>nd</sup> Grade**. 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Communion is a two year program. Retreats, class and regular Mass attendance are required.

**Confirmation** – In order to enroll, the teen must have received Baptism, Reconciliation and 1<sup>st</sup> communion. Confirmation is a two year program. Retreats, class attendance and regular Mass attendance are required.

Three missed classes will require a meeting with the Deacon Ruiz/Coordinator of Faith Formation and could delay your sacrament.

**If your child was baptized in a church other than St. Joseph, a copy of the baptismal certificate will be required within 6 months of the Sacrament date. If your child has not been baptized, please contact Judy Jones at j.jones@sjauburncatholic.com.**

For a child/teen to begin Sacrament Prep, all legal parent(s) or guardian(s) shall give consent by signing this document.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact – If parent/guardian is not available, please contact:** \_\_\_\_\_ **relationship:** \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Authorization to treat a minor (s)** In the event of an accident or an emergency, when a parent/guardian is unavailable, I hereby give permission to St. Joseph Parish and their employees, representatives and adult volunteers, to arrange for and authorized emergency treatment for my child, as considered necessary by the attending physician or by a licensed and qualified medical professional. I wish to be advised prior to any further treatment by the hospital or doctor. I (we) the undersigned parent/guardian fully understand my (our) responsibility to pay all costs incurred as a result of the foregoing.

**Accept:** \_\_\_\_\_

**Photo/Video release:** I hereby grant permission for my child(ren) to be photographed and/or videotaped during Faith Formation. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and that they may appear in the weekly bulletin, parish website or social media for the purpose of promoting the Faith Formation programs at St. Joseph Catholic Church. **Accept:** \_\_\_\_\_ **Decline:** \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OPT OUT FORM for “**CIRCLE OF GRACE**” St. Joseph **DOES NOT** have my permission to present the Circle of Grace Program to my child/children:

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**To help our program run efficiently, this year we are asking all families to donate at least 5 hours. Sharing your talent and time is important to our program, which is staffed by volunteers. Every family is asked to choose some way to contribute. The list below identifies a few of the areas of need.**

**Room parent/atrium Helper** \_\_\_ **Purchase supplies when needed** \_\_\_ **Service projects** \_\_\_ **Help with set up & take down for atrium/special events** \_\_\_