

# First Communion Preparation Registration

**for rising 1st and 2nd graders**

## Family Information

**Father's Name:** \_\_\_\_\_

**Father's Religion:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Religion:** \_\_\_\_\_

**Family Address:** \_\_\_\_\_  
\_\_\_\_\_

**Other Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_

**Mother's Cell:** \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_  
\_\_\_\_\_

**Registered St. Patrick's Parishioners?    Y    N**

(Please note: if you are not, we require a letter annually from your pastor granting permission to catechize your child[ren])

(Please note: this form is only for First Reconciliation/ Communion preparation for children. If you have other children, you will need another form. If you need information on RCIC or RCIA, please contact the parish office.)

## Emergency Contact Information

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
\_\_\_\_\_

**Relation to child[ren]:** \_\_\_\_\_

**This person has permission to act on behalf of my child in my absence.** \_\_\_\_\_ (initial)

**This person has permission to pick up my child from Faith Formation activities.** \_\_\_\_\_ (initial)

As the parent, you are your child's first and primary catechist. The Parent Packet is on the parish website and available at any of the parent meetings listed below. Parents are expected to read through the packet BEFORE completing registration. **Parents are required to attend one of the Parent Meetings (June 24 at 7pm, July 15 at 7pm, OR August 12 at 7pm).** We will go over the packet and any questions then.

**Please see the reverse of this page to continue registering your child[ren].**

**The fee for First Communion preparation is \$60.** This fee covers the cost of materials, including books and classroom materials. We ask families take turns bringing snacks. Please contact the parish office if you have questions or concerns about cost.

<b>Child's Full Name</b>	<b>Child's DOB</b>	<b>Baptized at St. Pat's? (Y/N)</b>	<b>Class Selection (see options below)</b>	<b>Allergies, etc.</b>

### **Class Options**

**1st Grade:** Sundays 9:15am-10:45am

**1st Grade Home School:** see Mary for more information

**1st Grade Catholic School:** see Mary for more information

**2nd Grade:** Sundays 9:15am-10:45am

**Catechesis of the Good Shepherd (CGS):** Sundays 9:15am-11:15am

We need your help! Please consider volunteering as a catechist or an assistant: it does not have to be in your child[ren]'s class! Contact Mary at [mallison@st.patsak.org](mailto:mallison@st.patsak.org) for more info!

**Office Use Only:** Paid Cash \_\_\_\_\_ Check \_\_\_\_\_  
PS \_\_\_\_\_ Other \_\_\_\_\_

### **Please initial next to each statement. If you have questions or concerns, please contact the parish office.**

I understand that I, the parent, am responsible for reading and ensuring the completion of the contents within the Parent Packet. \_\_\_\_\_

I understand I am required to provide a copy of my child[ren]'s Baptismal Certificate[s] by the date listed in the packet. \_\_\_\_\_

I understand I am required to attend one of the Parent Meetings listed on the reverse of this page and agree to do so. \_\_\_\_\_

I understand that Faith Formation communications will be sent via Flocknote. \_\_\_\_\_

I give consent for my child[ren]'s picture and/or video to be taken and used on the parish website, social media, and/or livestream.

I consent: \_\_\_\_\_ I do not consent: \_\_\_\_\_

**Please sign and date this form:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_