

St. Thomas the Apostle Church
 Office of Religious Education
 89 Pine Street, West Springfield, MA 01089 (413) 737-8267
 Email: stthomasccd@comcast.net WebSite: www.stthomaswestspringfield.org

**2020-2021
 DOUBLE SACRAMENT REGISTRATION FORM**

Mother's Name: _____
 (First / Last) (Maiden Name)

Father's Name: _____
 (First / Last)

Guardian's Name (if applicable): _____ Relationship: _____

Child lives with: Both Parents Mother Father Joint Custody

E-mail Address (please include and print clearly): _____

Address: _____
 (Street) (Town) (Zip Code)

Home Phone: _____ Business Phone: _____ Cell Phone: _____

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

THE FOLLOWING IS REQUIRED FOR REGISTRATION

* A copy of your child's Baptismal certificate.

Please indicate the name and address of the church you currently attend:

Parish: _____
 (Church) (Town)

SESSION

(D.S.) ~ Grade 2, Double Sacrament: First Reconciliation & First Communion. *Your child must have completed a grade 1 Religious Education program.* Preparation will be conducted during the school day for St. Thomas School students.

NAME OF CHILD	M/F	GRADE 2020-2021	SESSION	DATE OF BIRTH	ALLERGIES/DISABILITIES
			D.S.		

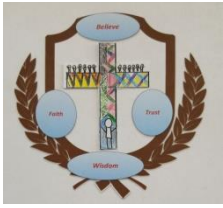
Parent/Guardian Signature _____ Date _____

* * * * *

Office Use Only:

Date Received _____

(OVER)



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PHOTOGRAPH CONSENT AND RELEASE FORM

Please Check One:

- _____ I do hereby consent and grant to St. Thomas the Apostle Religious Education full permission and authority to the unlimited use of my child’s name and photograph for the purpose of publication in the newspaper, web site or in any other media presentation.
- _____ I do not consent and grant St. Thomas the Apostle Religious Education permission to use my child’s name or photograph in any capacity.

 Parent/Guardian Signature

 Date

ST. THOMAS THE APOSTLE SCHOOL
REQUIREMENTS FOR DOUBLE SACRAMENT REGISTRATION

In order to properly prepare your child for these Sacraments certain requirements must be met. The Diocese of Springfield sets these requirements.

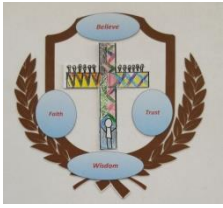
1. You must be a registered parishioner of our parish. St. Thomas School out-of-parish students need permission from their pastor to prepare and receive the sacraments here at St. Thomas Parish. Enclosed is a Parish Courtesy Form for that purpose.
2. Each child must be baptized and the Office of Religious Education must have on file a copy of the baptismal certificate. This should include the complete date of baptism as well as the name of the parish and town where the baptism took place.
3. First grade Religious Education must be completed through a CCD program or by attendance in a Catholic school.
4. Classes must be attended regularly. Please be mindful of school attendance.
5. Your child should be attending Mass on a regular basis.
6. Parents will be required to attend two parent meetings over the course of the 2020-2021 school year. Only one parent needs to attend.
7. Your child must attend rehearsals prior to First Communion. More information will follow.

I have read the Requirements for the Double Sacrament Program and I agree to abide by the policy. My signature shows my support and cooperation.

 Parent/Guardian Signature

 Date

(OVER)



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July 2020

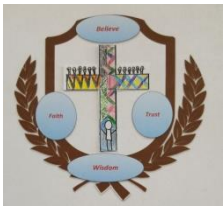
Dear Parent/Guardian,

As your child will be going into grade 2 next year, I would like to welcome you to the Double Sacrament Program at St. Thomas the Apostle Parish. Second grade Religious Education is a very special year for our parish family. During this year the children receive two Sacraments: First Reconciliation (Confession) and First Communion. This program is staffed by a team of teachers who bring a wealth of knowledge and experience about our faith to your child. The education needed for this program will be conducted during your child's school hours. All materials will be provided courtesy of the Religious Education Program within the parish.

Enclosed is a 2020-2021 Double Sacrament Registration Form to be completed by parents who wish their child to receive the Sacraments with their class. Please complete the form entirely. At least one parent needs to be Catholic. All forms should be returned by **August 15, 2020** to the Office of Religious Education at the above address. ***If you belong to a parish other than St. Thomas the Apostle, please have your pastor sign the enclosed Parish Courtesy Form and return with your registration paperwork.***

I look forward to working with you and your child during the next school year. It is our intention to make this a rewarding experience for your child. Therefore, if you have questions or concerns at any time, please do not hesitate to call the Office of Religious Education.

Sincerely,
Lisa LaBrecque,
Program Coordinator



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Dear Double Sacrament Parents,

One of the requirements for receiving the Double Sacraments of Reconciliation and First Communion here at St. Thomas the Apostle Parish indicates that families must either be registered parishioners or have permission from their home parish to make these Sacraments here. Oftentimes some of the children who attend our school belong to other parishes. This is not a problem, but as a courtesy to their home parish and in accordance with the Diocesan Guidelines, we are requesting that these families have the form below completed by their home parish.

We are very pleased that you have chosen our program to prepare your child for these Sacraments, but we do wish to extend all courtesy to your parish and their wishes. **Please return this form with your Double Sacrament Registration paperwork only if you belong to a parish other than St. Thomas the Apostle.** If you have any questions, please call the Office of Religious Education at 737-8267.

Thank you for your cooperation,
Lisa LaBrecque
Program Coordinator K-11
Religious Education

PARISH COURTESY FORM

It is my wish that my child _____ prepare for and receive the Sacraments of Reconciliation and First Communion with his/her class at St. Thomas the Apostle School in the parish of St. Thomas the Apostle, West Springfield. I agree to meet the requirements set forth by St. Thomas the Apostle Parish.

Parent Signature _____

Name of Church _____

Pastor Approval _____

Date _____