

REGISTRATION - SACRAMENTAL PREPARATION

2015-2016

To enter the Sacramental Preparation process at St. Cecilia Catholic Community,
your family must be registered with the parish and active for at least 6 months.

To register for these Sacraments, parents need to submit the following 3 items **by August 30:**

- this registration and photo release from
- a copy of your child's baptismal certificate (*unless here at St. Cecilia*)
- the registration fees: \$50 per child

The four components of our Sacramental Preparation process are:

- Regular, weekly participation in Mass
- Ongoing Family Faith Formation, here with separate registration or a Catholic school
- Sacramental Preparation sessions. See the Sacramental Preparation Calendar for specific dates.
- Completion of paperwork before deadlines (full details and reminders given during sessions).

My child would be interested in volunteering for participation in liturgy

(First Reconciliation, First Communion, Palm Sunday, May Crowning, Confirmation, etc.):

reading

singing

presenting flowers

other: _____

presenting the gifts

special participation in the May Crowning

50 / 50 Partnership

We, the parish leaders of St. Cecilia Catholic Community, make the following promises to your family: (1) We will offer a quality Sacramental Preparation program that is approved by the local bishop and faithful to Church teaching. (2) We will provide the necessary training for the catechists to carry out their work in our parish. (3) We will provide opportunities for your family to deepen your Catholic faith by participating in parish life.

We, the household of _____ promises the following to the best of our ability: (1) We will attend and actively participate, as a family, in Sunday Mass on a regular basis. (2) We will attend the Sacramental Preparation classes on time and support our child(ren)'s faith at home. (3) We will participate fully and respect the time and efforts of catechists, volunteers and staff. We will also communicate any special needs or circumstances that may affect our child's participation.

Parent / Guardian Signature: _____

Please complete other side!

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2015-2016**

Child's Full Name: _____ Nickname: _____
Grade (as of Sept. 2015) : _____ Date of Birth: _____ Birthplace: _____
Faith Formation Classes: This child attends here at St. Cecilia Catholic School _____
Your Child's Baptism Date: _____ City, State of Baptism: _____
Name of Parish where baptized: _____
<u>MEDICAL RELEASE</u> - The following information is confidential. Does student have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? Please explain _____
Describe any allergy, chronic illness or other health conditions _____

Child's Full Name: _____ Nickname: _____
Grade (as of Sept. 2015) : _____ Date of Birth: _____ Birthplace: _____
Faith Formation Classes: This child attends here at St. Cecilia Catholic School _____
Your Child's Baptism Date: _____ City, State of Baptism: _____
Name of Parish where baptized: _____
<u>MEDICAL RELEASE</u> - The following information is confidential. Does student have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? Please explain _____
Describe any allergy, chronic illness or other health conditions _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ City / St / Zip: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

***Please note that we use email as our primary method of communicating, especially for reminders.*

Church Office Use Only: Date Paid _____ Check # _____ Amount: _____

Please complete other side!