

# REGISTRATION - SACRAMENTAL PREPARATION

2017-2018

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:

- this registration and photo release form
- 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 in 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                      presenting the gifts  
singing                      May Crowning  
presenting flowers  
other: \_\_\_\_\_

## 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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<b>Child's Full Name:</b> _____ <b>Nickname:</b> _____
Grade (as of Sept. 2017) : _____ Date of Birth: _____ <b>Sacrament(s):</b> _____
Faith Formation: child attends here at St. Cecilia Catholic School _____
Your Child's Baptism Date: _____ City, State of Baptism: _____
Name of Parish where baptized: _____
<b>The following information is confidential:</b> Does your child have any special needs due to learning, reading, physical, sensory, or emotional differences? í any other reason? Please explain: _____ _____
Allergies, chronic illnesses, or other conditions? _____

<b>Child's Full Name:</b> _____ <b>Nickname:</b> _____
Grade (as of Sept. 2017) : _____ Date of Birth: _____ <b>Sacrament(s):</b> _____
Faith Formation: child attends here at St. Cecilia Catholic School _____
Your Child's Baptism Date: _____ City, State of Baptism: _____
Name of Parish where baptized: _____
<b>The following information is confidential:</b> Does your child have any special needs due to learning, reading, physical, sensory, or emotional differences? í any other reason? Please explain: _____ _____
Allergies, chronic illnesses, or other conditions? _____

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

Address: \_\_\_\_\_ City / St / Zip: \_\_\_\_\_

Mom's Phone: \_\_\_\_\_ Dad's Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Church Office Use Only: Date Paid _____ Check # _____ Amount: _____
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*Please complete other side!*