

# REGISTRATION - SACRAMENTAL PREPARATION

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 from
- a copy of your child's baptismal certificate (*unless here at St. Cecilia*)
- the registration fees: \$50 per child, plus \$25 for Confirmation (gown)

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
- Preparation sessions. See the appropriate 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
- 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 Bishop Dewane 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 \_\_\_\_\_ promise 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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**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Academic year :** \_\_\_\_\_ **Sacrament(s) requested:** \_\_\_\_\_

**Faith Formation/Youth Group:** child attends  here at St. Cecilia  Catholic School \_\_\_\_\_

**Your Child's Baptism Date:** \_\_\_\_\_ **City, State of Baptism:** \_\_\_\_\_

**Name of Parish where baptized:** \_\_\_\_\_

**The following information is confidential:** Does your child have any special needs due to learning, reading, physical, sensory, or emotional differences? ...any other reason? Please explain:

\_\_\_\_\_

\_\_\_\_\_

**Allergies, chronic illnesses, or other conditions?** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Academic year :** \_\_\_\_\_ **Sacrament(s) requested:** \_\_\_\_\_

**Faith Formation/Youth Group:** child attends  here at St. Cecilia  Catholic School \_\_\_\_\_

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**Name of Parish where baptized:** \_\_\_\_\_

**The following information is confidential:** Does your child have any special needs due to learning, reading, physical, sensory, or emotional differences? ...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: \_\_\_\_\_

*Please complete other side!*