



Cluster Parishes of Portsmouth & Chesapeake

OCIA Adapted for Children Registration Form

Child's full name: _____

Father's name: _____

Mother's name: _____ Mother's maiden name: _____

Please read the following carefully, then initial to show your understanding and agreement:

In requesting that my child prepare for the sacraments of initiation at the Cluster Parishes of Portsmouth & Chesapeake:

____ I acknowledge that we are the primary catechists of our child's faith development and will actively participate within the life of the church by attending Sunday Mass weekly, making it a priority over other activities, attending Mass on Holy Days of Obligation, and by praying and encouraging our family to pray.

____ We understand and agree that families are expected to attend two retreats during the year; one for First Reconciliation and one for First Communion.

____ We understand and agree that children are expected to attend all the OCIA classes on the OCIA Adapted for Children calendar.

____ We understand and agree that parents will be expected to attend the OCIA classes that are designated as parent nights on the OCIA Adapted for Children calendar.

____ We understand and agree to submit relevant paperwork and assignments to the office in a timely manner, as requested.

Parent Signature _____ Date _____

Birth Certificate Rec'd _____

Godparent Form Rec'd _____