



St. Joseph Catholic Church
Petersburg, Virginia

1st Penance & 1st Eucharist Preparation

Courses: 1 2. 3 4 5 6		Date received _____	For Office use only:
Celebrant &		Recorded/Bapt. Book _____	
Date of Celebration _____		Recorded/ParishSoft _____	

Parish Information

Are you currently registered with St. Joseph? Yes No

If not, to which parish are you registered? _____

Please print

Child's first, middle, & last name: _____	
Nickname: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	City & State of Birth: _____
Church of Baptism (include city and state): _____	
Baptism Certificate acquired from Church within last 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade in the Fall: _____	
Indicate special needs, allergies, or concerns: _____	

Parents:

Father's first, middle and last name: _____

Father's religion: _____ Father's phone & email: _____

Mother's first, middle and last name _____

(including maiden name): _____

Mother's religion: _____ Mother's phone & email: _____

Family's address (include city, state and zip) _____

Participant fee (covers basic expenses): **\$50.00**

Please attach a check made out to "St. Joseph Catholic Church," and "1st Sacraments" in the "Memo" line, or access the "Donations" page and click the appropriate Sacraments Contribution tab, please consider offering an additional 4% to the fee to cover the processing costs.

Photo Release Statement:

I hereby grant permission for my child to be photographed and/ or videotaped during events in the parish or parish activities. I understand that my child may decline to be photographed and/ or videotaped at any time. I further grant permission for the resulting photographs and/ or footage to be edited, if necessary, and then published and/ or broadcast for the purposes of promoting the faith formation program here at the parish and the diocese.

I hereby DECLINE to grant permission for my child to be photographed and/ or videotaped during parish activities.

Name (please print): _____

Parent/ Guardian Signature: _____

Church Address:
151 W. Washington St.
Petersburg, VA 23803

Mailing Address:
PO Box 2006
Petersburg, VA 23804

Church Office:
(804) 733-3115

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st_joseph_church@sjcpetersburg.com

Christian Formation Office

Coordinator of Religious Formation: Deebe Robinson | Phone: (804) 733-3115 x 13 | Email: drobinson@sjcpetersburg.com