



RCIA Registration--Minors

Please fill out all areas completely.
 Cost is \$100 per child for the 2 year program.

| | | | |
|---|---------------------------|------------------------------|--|
| Child 1 First and Middle (Last name if different from parent) | | | Grade for Current School Year |
| Baptized Y N | Catholic? Y N | Baptism Church | Baptism Date |
| Reconciliation: | Request for this year Y N | Already Celebrated in (year) | Date of Birth |
| Confirmation: | Request for this year Y N | Already Celebrated in (year) | City of Birth |
| Eucharist: | Request for this year Y N | Already Celebrated in (year) | NOTE: those requiring Baptism must bring a certified copy of the birth certificate. |
| Allergies or other Health/Behavior issues | | | |

| | | | |
|---|---------------|------------------------------|--|
| Child 2 First and Middle (Last name if different from parent) | | | Grade for Current School Year |
| Baptized Y N | Catholic? Y N | Baptism Church | Baptism Date |
| Reconciliation: | Requested | Already Celebrated in (year) | Date of Birth |
| Confirmation: | Requested | Already Celebrated in (year) | City of Birth |
| Eucharist: | Requested | Already Celebrated in (year) | NOTE: those requiring Baptism must bring a certified copy of the birth certificate. |
| Allergies or other Health/Behavior issues | | | |

| | | | |
|---|---------------|------------------------------|--|
| Child 3 First and Middle (Last name if different from parent) | | | Grade for Current School Year |
| Baptized Y N | Catholic? Y N | Baptism Church | Baptism Date |
| Reconciliation: | Requested | Already Celebrated in (year) | Date of Birth |
| Confirmation: | Requested | Already Celebrated in (year) | City of Birth |
| Eucharist: | Requested | Already Celebrated in (year) | NOTE: those requiring Baptism must bring a certified copy of the birth certificate. |
| Allergies or other Health/Behavior issues | | | |

| | | | |
|--|------------|---|--|
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent | | If living separately, send information to <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both | |
| Mother name | email | best phone | |
| Father name | email | best phone | |
| Address | City & Zip | home phone | |
| Second address if living separately | City & Zip | home phone | |
| IN CASE OF EMERGENCY BEST PHONE | | Who is allowed to pick up your child? | |

Please Read: Diocesan Age for Reconciliation is over age 7, in second grade or higher. Reconciliation must be celebrated at least 6 months prior to Confirmation/First Communion, which generally follows in grade 3. Our Sacrament Preparation process is three years: 1st grade is year one of basic beliefs, 2nd grade is geared toward Reconciliation, 3rd grade is Confirmation/First Communion. Children who have not celebrated these sacraments by grade 4 should register for RCIA adapted for children.

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|---------------------|
| Office Use Only |
| Pd amt CK# Date |

EMERGENCY MEDICAL RELEASE

Every effort will be made to contact and inform the parents or guardians in case of a medical emergency, serious injury or surgical illness when immediate intervention is necessary. On rare occasions parents or guardian cannot be reached. Accordingly, parents or guardian are requested to sign the following:

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents in the event of illness or accident to our/my son/daughter (s) listed on the front of this form, to secure and provide medical, dental, or surgical care and treatment for him/her. We hereby give permission and authorize St. Gabriel Parish, its authorized personnel, or agents and those physicians, surgeons, and dentists retained by the church, to give, administer, and render any treatment or aid, including anesthesia or surgery, as necessary to protect, preserve and safeguard our/my son/daughter's life and/or health. We/I further authorize St. Gabriel Parish, through its Formation Office to release information to facilitate the medical or surgical care of our/my son/daughter and as is necessary to facilitate the release of information for the completion of a claim for health insurance. We/I release St. Gabriel Parish from any financial responsibility for the above-referenced treatment.

Mother:

Date

Father:

Date

Physician's Name

Phone Number

PHOTO RELEASE

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents permission to photograph our/my son/daughter (s) listed on the front of this form, for use of the parish formation program.

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents permission to publish photographs of our/my son/daughter (s) listed on the front of this form, in the St. Gabriel bulletin, website, bulletin boards, or diocesan website or Catholic Sun.

Parent

Date

Please Note: We have a professional photographer for the Easter Vigil. If the Photo release is not signed, you will not be eligible to utilize his services, and there will be no pictures of your child's sacramental experience.