



**HOLY FAMILY  
PARISH**

3450 Sycamore Drive  
Stow, OH 44224-3999

**2018-2019 SACRAMENTAL PREPARATION REGISTRATION FORM  
FIRST RECONCILIATION and FIRST COMMUNION  
TO BE COMPLETED FOR ALL 2<sup>ND</sup> GRADERS**

(Please print)

Do NOT complete this form if your child is age 7 or older and is not baptized, or was baptized in another faith tradition and has not made a Profession of Faith. These children will participate in a separate program – RCIA for Children. Contact Diane Hurtuk for details.

\_\_\_\_\_  
(first name-proper) (middle name) (last name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city) (zip) (phone number) (cell number)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(name of school) (name of home parish)

\_\_\_\_\_  
(date of birth) (city of birth) (state of birth)

\_\_\_\_\_  
(date of baptism) (church of baptism)

\_\_\_\_\_  
(church of baptism address) (city) (state) (zip)

\_\_\_\_\_  
(father's first, middle and last name) (religion)

\_\_\_\_\_  
(mother's first, middle and last name) (religion)

\_\_\_\_\_  
(mother's maiden name)

**Children attending public school: return this form with PSR registration form and fees.**

**Children attending Holy Family School: return this form and fees.**

**All: Complete and return the Holy Family Emergency Health Form (on back) and the Participation Consent form**

**All: If you child was NOT baptized at Holy Family submit a COPY of the baptismal certificate with registration.**

**(If you do not have a copy, call the church where your child was baptized and they will send you one!)**

**All: The fee for this program is \$ 45.00, check made payable to Holy Family. You may pay all fees in one check. Or you may register online and pay with a credit card: [www.holyfamilystow.org](http://www.holyfamilystow.org) under the Sacraments – Communion/Reconciliation headings. Dates for all activities are on this webpage.**

**Please register by September 1st. Contact Diane Hurtuk with questions or fee concerns:  
[hurtuk@holymfamilystow.org](mailto:hurtuk@holymfamilystow.org)**



**HOLY FAMILY  
PARISH**

3450 Sycamore Drive  
Stow, OH 44224-3999

**HOLY FAMILY EMERGENCY HEALTH FORM**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( date )

\_\_\_\_\_  
(child's name )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
(child's name )

\_\_\_\_\_  
( child's name )

\_\_\_\_\_  
( parent's name )

\_\_\_\_\_  
( phone # )

\_\_\_\_\_  
( cell # )

\_\_\_\_\_  
( address )

\_\_\_\_\_  
(city )

\_\_\_\_\_  
(emergency phone # )

I hereby give my permission for my child to receive emergency first aid. In the event parents cannot be reached, please list the hospital and doctor you desire to administer emergency care.

\_\_\_\_\_  
( hospital )

\_\_\_\_\_  
( doctor )

\_\_\_\_\_  
( phone # )

\_\_\_\_\_  
( dentist )

\_\_\_\_\_  
( phone # )

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Physical impairments/other pertinent information: \_\_\_\_\_

\_\_\_\_\_