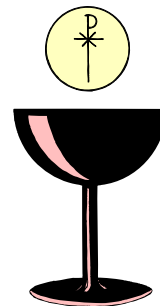




First Reconciliation & First Communion Registration Form



Candidate Information: Full Name (First, Middle, Last): _____

Date of Birth: _____ School: _____ Grade: _____

Street Address: _____ City: _____ Zip: _____

Sacrament Records - If baptized at another church, please contact the parish of baptism and ask them to mail a copy of the Baptismal Certificate to the PCL at Saint Joseph Parish.

Date of Baptism: _____ Church: _____

Parents/Legal Guardian Information

Father/Guardian Name: _____ Email: _____

Street Address: _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion: _____

Mother/Guardian Name: _____ Maiden: _____

Street Address: _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion: _____ Email: _____

Is the family registered at St. Joseph Parish? Yes No If no, where registered? _____

**Please return this form and registration fee of \$50.00 to:
St. Joseph Parish, Attn: PCL, 215 Falls Ave, Cuyahoga Falls, Ohio 44221.**

For Office Use Only:

Baptismal Certificate YES ___ N/A ___ Payment: Date: _____ Cash: _____ Check #: _____



Saint Joseph Parish

EMERGENCY MEDICAL AUTHORIZATION FORM

____ **YES** ____ **NO** - I hereby give my permission for Saint Joseph Parish Staff or an adult representative of the Saint Joseph Parish School of Religion program to seek medical attention and treatments deemed necessary for all children named on this registration in the event parents and emergency contacts cannot be reached.

If answered no: In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Emergency contact 1 _____ Relationship _____ Phone _____

Emergency contact 2 _____ Relationship _____ Phone _____

Allergies/ Medical Conditions - _____

Handbook Acknowledgement

____ **YES** ____ **NO** - I have read the Saint Joseph Sacramental Preparation Policies, as presented in the Sacrament Preparation Handbook. I understand all policies and procedures and have gone over them with my child(ren). I understand and agree that myself and my child(ren) will abide by all these policies and The Handbook is available online and in this Registration Packet.

Permission to Photograph

____ **YES** ____ **NO** - Do you grant permission to Saint Joseph Parish to authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish Sacramental Preparation Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

COVID-19 Safety Acknowledgement

____ **(Initial)** I understand COVID-19 is a highly contagious virus, and it is possible to develop and contract COVID-19, even if all guidance is being followed. I understand that myself and my child can never be completely shielded from all risk of illness caused by COVID-19, and that if there are any special health concerns that could increase the risk of contracting COVID-19 or that could possibly increase the severity of illness if COVID-19 is contracted, the I should consult with a medical practitioner before participating. I will follow all current COVID-19 guidelines and recommendation during First Sacrament Sessions for Parent and Students and I understand that COVID-19 guidelines and recommendations can change at any time.

Parent's Signature

Parent name printed

Date