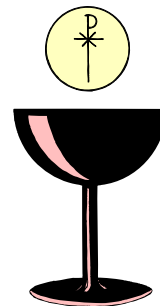




## First Reconciliation & First Communion Registration Form



**Candidate Information:** Full Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sacrament Records** - If baptized at another church, contact the parish of baptism and ask them to mail a copy of the Baptismal Certificate to the PCL at Saint Joseph Parish (see address below). Do not send a copy of the Certificate you received when your child was baptized. Baptismal Certificates must be issued from the parish of Baptism within 6 months.

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:

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Emergency contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ Medical Conditions - \_\_\_\_\_

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## **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 COVID Guidance are being followed. I understand that my child(ren) can never be completely shielded from all risk of illness caused by COVID-19, and that if the child(ren) has 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 their medical practitioner before participating in First Sacrament Sessions for Parent and Students. I will follow COVID-19 guidelines for First Sacrament Sessions for Parent and Students if applicable.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Parent name printed**

\_\_\_\_\_  
**Date**