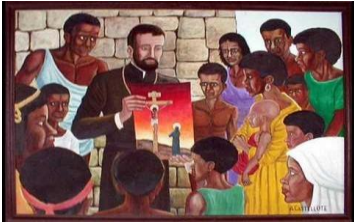


DATE:

\*\*\*FF OFFICE USE ONLY\*\*\* BAPTISM CERT:  Yes  No FEE PD:  Yes  No



# SAINT PETER CLAVER PARISH FAITH FORMATION REGISTRATION 2026/2027 FIRST RECONCILIATION & HOLY COMMUNION

REGISTRATION FEE- \$125 PER CHILD (\$100 BEFORE AUGUST 1, 2026)

ARE YOU REGISTERED AT ST. PETER CLAVER PARISH?  YES, ENVELOPE # \_\_\_\_\_  NO (**MUST FILL OUT PARISH REGISTRATION FORM**)

**PLEASE SELECT ONE**  First Reconciliation, YEAR 1  Holy Communion, YEAR 2  OCIA, YEAR 1  OCIA, YEAR 2  
OCIA FOR UNBAPTIZED CHILDREN OVER 7 YRS OLD

**PLEASE SELECT PREFERENCE** (**NOTE: WE WILL DO THE BEST WE CAN**) **SESSION LANGUAGE**  ENGLISH  SPANISH

SUN 8:00 A.M. - 9:30 A.M. (6<sup>th</sup>-8<sup>th</sup> Graders Only)  SUN 9:15 A.M. - 10:30 A.M.  SUN 11:15 A.M. - 12:30 P.M.  MON 6:00 P.M. - 7:15 P.M.

**CHILD INFORMATION**  FEMALE  MALE

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH:	CITY OF BIRTH:	STATE OF BIRTH:
CHILD'S AGE:	CHILD'S GRADE LEVEL 2026-2027 SCHOOL YEAR: <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH <input type="checkbox"/> 5TH <input type="checkbox"/> OTHER ____	

**HAS YOUR CHILD BEEN BAPTIZED**  YES **\*\*MUST INCLUDE A COPY OF BAPTISM CERTIFICATE\*\***  NO

DATE OF BAPTISM:	CHURCH OF BAPTISM:
CITY OF CHURCH:	STATE OF CHURCH:

**PARENT/GUARDIAN INFORMATION** (**PLEASE PRINT CLEARLY**)

FATHER'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S MAIDEN LAST NAME:	PRIMARY CONTACT NAME:	WHO DOES CHILD LIVE WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> JOINT CUSTODY

**PRIMARY CONTACT INFORMATION** ADDRESS:

HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:
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**ARE BOTH PARENT'S CATHOLIC**  YES  NO (IF NOT PLEASE PROVIDE PARENTS' FAITH BELOW)

FATHER'S RELIGION:	MOTHER'S RELIGION:
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**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)**

NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	

**CHILD MEDICAL INFORMATION**

DOES YOUR CHILD HAVE A MEDICAL CONDITION/ALLERGY: <input type="checkbox"/> YES (IF YES, PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO
PLEASE EXPLAIN CHILD'S MEDICAL CONDITION/ALLERGY:

**PARENT/GUARDIAN NAME, IMAGE, VOICE CONSENT**

ST. PETER CLAVER PARISH MAY USE YOUR CHILD'S IMAGE, NAME, VOICE AND/OR WORK FOR NONCOMMERCIAL PURPOSES RELATING TO THE EVENT(S) OR ACTIVITY(IES) OF FAITH FORMATION SESSIONS, EVENTS AND ACTIVITIES. DURATION OF THE RELEASE: AUGUST 30, 2026 THRU JULY 1, 2027.

I, \_\_\_\_\_, PARENT/GUARDIAN OF \_\_\_\_\_, A MINOR, HERBY AUTHORIZE ST. PETER CLAVER PARISH TO USE THE LISTED ABOVE PERSONAL INFORMATION ABOUT MY CHILD.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPOWERING GOD'S CHILDREN PRESENTATION CONSENT**

ST. PETER CLAVER PARISH IS MANDATED TO GIVE ALL CHILDREN AND YOUTH AN ANNUAL EMPOWERING GOD'S CHILDREN PRESENTATION AS PART OF THE SAFEGUARD THE CHILDREN CHARTER.

I, \_\_\_\_\_, PARENT/GUARDIAN OF \_\_\_\_\_, A MINOR, HERBY AUTHORIZE MY CHILD TO PARTICIPATE IN THE ANNUAL EMPOWERING GOD'S CHILDREN SESSION.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_