

St. Bernadette Parish

FIRST RECONCILIATION & FIRST COMMUNION REGISTRATION FORM

*All Saint Bernadette School pupils, and homeschooling children who anticipate receiving First Reconciliation and First Communion in Spring 2026 must register for the sacramental preparation process using this form. **Please submit a \$25.00 registration fee with this registration.***

Please Print

Child Information

Child's Name: _____
Last First Middle

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ City of Birth: _____ Age at First Communion: _____

Was child in a catechetical program last year? ☐ Yes ☐ No

If child was enrolled in a catechetical program last year, which program:

- ☐ St. Bernadette School ☐ St. Bernadette PSR ☐ Catholic Homeschool Program
☐ Program at other Catholic Parish:

Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Sacramental History

Please submit a copy of your child's baptismal certificate with this registration form even if your child was baptized at St. Bernadette Parish.

Has your child received Catholic Baptism (or Profession of Faith)? ☐ Yes ☐ No

Date: _____ Age: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Has child received First Communion? ☐ Yes ☐ No Date: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

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Has child received Confirmation or Chrismation? ☐ Yes ☐ No Date: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents Information

Father's Name: _____
First Middle Last

Father's Religion/Denomination: _____

Father's Marital Status: ☐ Married ☐ Separated/Divorced ☐ Single ☐ Widowed

Mother's Name: _____
First Middle Maiden Last

Mother's Religion/Denomination: _____

Mother's Marital Status: ☐ Married ☐ Separated/Divorced ☐ Single ☐ Widowed

Parent E-Mail: _____

Parent email will be used for communication regarding First Reconciliation & First Communion news & events.

Acknowledgement

Children preparing for First Communion should be members of St. Bernadette Parish or receive permission of their parish pastor to receive First Communion at St. Bernadette. Emergency medical authorization and special health concerns are completed on a separate form. I acknowledge that **I have the responsibility to provide a Catholic family environment for my child, including weekly participation at liturgy on Sundays and Holy Days of obligation.** It is my **responsibility to ensure that my child is present and prompt for sacramental preparation events, and for me to be present at parent meetings.** I understand that the contents of the *Catechism of the Catholic Church* as well as the magisterial documents of the Roman Catholic Church provide the doctrinal and moral content for all teaching in sacramental preparation. Finally, I understand that I may discuss any problems or concerns with the catechetical director or pastor.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Date Received	Amount paid	Check Number
____ / ____ / ____	\$ ____ .00 <input type="radio"/> CASH	<input type="radio"/> CHECK # ____