

**Blessed Sacrament Catholic Church  
First Reconciliation/First Communion Registration Form**

**Please print clearly (This information will be used for the child's certificate)**

Name of Child \_\_\_\_\_  
Last First Middle

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State Month Day Year

Age \_\_\_\_\_ Grade \_\_\_\_\_

**Please complete the following information and I need a copy of the Baptismal Certificate. If your child was baptized at Blessed Sacrament in Cocoa Florida I do not need a copy of the Baptismal Certificate, just complete the information below.**

Church of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_  
City State Zip

Date of Baptism \_\_\_\_\_  
Month Day Year

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Working E-mail Address \_\_\_\_\_

Current Address \_\_\_\_\_

Please check one: child lives with \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father

The annual registration fee is: \$40.00 for one child \$70.00 for two children or \$80.00 for three or more children. Payments may be made in installments. No child will be turned away for lack of tuition.

I have read and understand the information included in the registration packet.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For office use only)**

Date Received: \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ BAL Due \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Second Payment: Date Received: \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ BAL Due \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of \_\_\_\_\_, I give my permission for my child to attend Religious Education classes on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed below. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Emergency contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

**MEDICAL INFORMATION:** Please provide any additional, specific information about your child that you feel we need to know.

Child's Name: \_\_\_\_\_

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

Chronic or Acute Illnesses: \_\_\_\_\_

Medication Presently Being Taken: \_\_\_\_\_

Other Facts We Should Know \_\_\_\_\_

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

August 19, 2018

Dear Parents,

Our parish is holding the *Learning about L.I.F.E. - Love, Infatuation, Friendship, and Exploitation*. The *Learning about L.I.F.E.* program was designed by Sister Kieran Sawyer and Dr. Kathie Amidei, both nationally recognized leaders in the field of youth catechesis and family faith formation. The program responds to a mandate from the United States Conference of Catholic Bishops: the 2002 Safe Environment mandate that requires that all children be helped to recognize and protect themselves from abusive relationships.

Each session is scheduled for the children of a specific age group and will last approximately 30 minutes. Parents are required to attend the session with their child. During the sessions I will be discussing relationships that are positive and loving as well as those that may be negative and abusive. The sessions will focus on helping the children determine what would be a safe relationship and who they should turn to if they are uncomfortable.

Kindergarten - September 30, 2018  
1<sup>st</sup> and 2<sup>nd</sup> Grade - October 21, 2018  
3<sup>rd</sup> and 4<sup>th</sup> Grade - January 20, 2019  
5<sup>th</sup> and 6<sup>th</sup> Grade - February 17, 2019  
7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> Grade - March 10, 2019

If you **do not** want your child to attend a session, please check the box and sign the form below and return to me. If they **are** attending the session, please sign and return the form to me. Thank you.

Sincerely,

Darlene Wegner  
Director of Religious Education  
Blessed Sacrament Church

I do not want my child to attend the L.I.F.E. session.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

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