

St. Edward Catholic Church / Office of Evangelization and Catechesis

2017-18 Child / Youth Registration for Sacramental Preparation

FOR OFFICE USE: **PINK**

Date submitted: _____

AMT PD: _____ DUE: _____

Interview date: _____

Interviewer: _____

Please contact Frances Bernardic at 281-353-9774 to set up a registration appointment
DEADLINE to register for First Penance, First Communion, and Confirmation preparation is SEPT. 1

REGISTRATION FOR CIC First Penance / Holy Communion Confirmation*

Child's Name: _____ Date of birth: _____
last first middle

Mothers Name _____ Is mother Catholic? Yes NO
Maiden name first middle

Father's Name _____ Is father Catholic? Yes NO
last first middle

Home Address: _____ Primary phone: _____
Street city state zip

Other Phone: _____ Primary email (please print clearly): _____

Does this child attend Catholic school? NO YES we attend _____ (Please complete the other side of this form)
Name of school

Was this child baptized at St. Edward? NO YES (what year? _____) **If your child was not baptized at St. Edward, please provide a baptism certificate.**

Where is your family registered as parishioners? We are registered at St. Edward We are registered at another Catholic parish** We are not registered at any parish.

****Please note:** It is the policy of the Archdiocese of Galveston Houston that children / youth receive sacraments in the parish where they are registered and attending Mass regularly. Please contact Amy Auzenne, DRE at 281-353-9774 / auzenne@saintedward.org to discuss sacramental preparation guidelines for non-parishioners.

***Confirmation Candidates PLEASE COMPLETE ALL INFORMATION** Youth email: _____

Youth Phone #: _____ Do you want to receive text updates? ___YES ___NO Grade in Fall 2017: _____

FEES (Due at registration)***	REGISTERED PARISHIONERS	NON PARISHIONERS & LATE REGISTRATION	REQUIREMENTS
CIC <i>Please complete other side of this form</i>	Materials fee of \$10 per child	Materials fee of \$10 per child	<ul style="list-style-type: none"> Child /youth at least 7 years old who has not been baptized in the Catholic Church Please submit a copy of the child's birth certificate with this form.
First Penance	\$25	\$50	<ul style="list-style-type: none"> Catholic baptism certificate on file with the parish office. Attending Mass each weekend
First Holy Communion	\$25	\$50	<ul style="list-style-type: none"> Attended religious education during the 2016-17 school year at a Catholic school, parish, or Catholic homeschool program.
Confirmation	\$175	\$225	<ul style="list-style-type: none"> First Penance / First Holy Communion candidates must be at least 7 years old by 9/1/17 Confirmation candidates should be at least 15 years old by 9/1/17

*** Payment arrangements and some financial assistance is available. Please ask about this at your registration appointment.

Parental Consent & Liability Waiver for CIC and Catholic School Students

I, (name of parent / guardian) _____ agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, St. Edward Catholic Community (its pastor, DRE, CRE, catechists, other agents, etc.) or representatives associated with scheduled activity unless the parties involved were careless or negligent.

In addition to my self and my child's other parent / legal guardian, the following people have my permission to pick up my child/ren from religious education:

Name: _____ Relationship: _____ Contact: _____

Name: _____ Relationship: _____ Contact: _____

Note: If there is an individual who is legally prohibited from having contact with your child/ren, please submit a copy of the appropriate legal documents with this form.

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge. I also give release for my child to be photographed and for this photograph to be used for the promotion of the parish. (If you do not wish for your child's photo to be used, you must submit this in writing to the Director of Religious Education.)

Signature (Parent/Guardian) _____ Date _____

Medical Information

Name of Family Doctor: _____ Phone: _____

Name of Child	Medical conditions, allergies, physical limitations, medications taken

Teen Driver /Passenger Permissions

_____ **Permission for Teen Drivers** My child is of driving age and has my explicit permission to drive him/herself to and from class and / or youth ministry events (youth group, bible study, etc.)

_____ **Permission to Transport Other teens** My child is of driving age and has my permission to drive other teens home IF their parents/guardians give written permission.

Signed: _____ Date: _____