

Immaculate Heart of Mary Catholic Parish
First Reconciliation & First Eucharist Sacramental Preparation Program
2011-2012

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|----------------|-----------------------------------------|
| Child's Last Name | | Child's First Name | e-mail | |
| Grade | School | | Home Phone | |
| Address | | City | Zip | |
| Child's Date of Birth | | Age as of May 5, 2012 | Place of Birth | |
| Parent/Guardian | | Relationship to Child | Marital Status | Religion |
| Parent/Guardian | | Relationship to Child | Marital Status | Religion |
| Mother's Maiden Name | | Student's Place of Baptism (Church & City/State) | | |
| Number to call in case of an Emergency (other than parent/guardian) | | | | |
| Name _____ | | Relationship to child _____ | | |
| Phone _____ | | Alternate Phone _____ | | |
| Sacrament's Received: (Please indicate date and church) | | | | |
| Baptism* _____ | | | | |
| ❖ Copy of Baptismal Certificate is required by November 1, 2011 . <i>Call church of baptism for a copy.</i> | | | | |
| ❖ If child was baptized at IHM , the month and year must be provided on this form. | | | | |
| Are you registered in the parish? ____ Did your child participate in IHM Wed. Religious Education in '10-'11? ____ | | | | |
| Did your child attend Holy Family Catholic School in '10-'11? ____ | | | | |
| List any special needs (for example: ADD, learning difficulties, physical or learning difficulties, medications, allergies, etc) | | | | |
| Sacramental Preparation Programs: | | | | |
| _____ First Reconciliation Preparation | | _____ First Communion (Eucharist) Preparation | | |
| Please Circle Grade*: P K 1 2 3 4 5 | | | | |
| * Students must of attended one full year of religious education before enrolling in Sacramental Preparation. (i.e. Attended first grade at HFCS or attended IHM Wednesday religious education classes.) | | | | |
| Opportunities to Volunteer: Our program depends on volunteers to function. Please consider volunteering on a weekly basis, or for one-time events. Some opportunities to volunteer are as follows: | | | | |
| _____ Organize/Lead Craft Project | | _____ Help Lead Family Sessions | | |
| _____ Help with Retreats | | _____ Serve on Hospitality Team (prepare beverages before session, clean up afterwards, etc.) | | |
| Registration Fees for Sacramental Preparation Program* (Fees cover cost of materials/resources.) | | | | |
| *Fee waived for children of parents who volunteer. | | Scholarships available. | | |
| \$30 Fee _____ | | \$50 for Family of 2 children/youth | | \$75/Family of 3 or more children/youth |
| Total Registration Fees \$ _____ Date Paid: _____ Check # _____ Cash: _____ | | | | |