

ST. KATERI TEKAKWITHA CATHOLIC CHURCH

School Year _____

Registration Form for the Reception of the Sacraments of Reconciliation

Candidate's Full

Name: _____

Date of Birth: _____ Religion of Candidate: _____

Date of Baptism: _____ Church of Baptism & Address: _____

Where does child attend Faith Formation classes: _____

What school does child attend: _____ Grade Level: _____

NOTE: If your child WAS NOT baptized at St. Kateri, St. Joseph or St. Martha Parishes, you MUST provide us with a copy of their baptismal certificate along with this registration form prior to beginning preparation for the Sacrament.

Household Information*

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Family Address: _____

Home Phone: _____

Cell Phone: Father: _____ Mother: _____

Email: Father: _____ Mother: _____

Religion: Father: _____ Mother: _____

*If either birth parent is not part of this household:

Birth Father's Full Name: _____

Birth Mother's Full Name: _____

Birth Mother's Maiden Name: _____

Does this parent wish to be part of the preparation: Yes _____ No _____

Address: _____

Phone: _____

Email: _____

Please read and initial:

I understand that photography and/or video of participants may be procured during the event and used in subsequent articles, bulletins, or promotion materials.

I consent to the use of images or likenesses of the aforementioned child for these purposes only. _____

I do not wish to have photographs or video taken of my child. _____

Please return this form to the Family Faith Formation Office along with \$50.00 Sacramental Preparation Fee. Please make checks payable to St. Kateri Tekakwitha Catholic Church.

Office Use: Date Paid _____ Check # _____ Cash Received _____

Receipt # _____ Staff Initials _____