



## First Reconciliation & First Eucharist Program for children and youth in 2<sup>nd</sup> through 12<sup>th</sup> Grade.

“Children have a right to the love and help of the community.” This is true from the time of their baptism when they were first presented to the People of God and welcomed into our communion of faith. It is true throughout their formative years. The Community of faith is called to be present for you and your children as they prepare for the sacraments of Reconciliation and Eucharist. The Church speaks of three periods of preparation: remote, proximate and immediate. In each period the parish desires to be a part of your family life and support you in your calling to be a Christian mother or father. Letting the parish be present in your life indicates your readiness for these sacraments.

### Remote Preparation

MY FAMILY PARTICIPATES AT MASS ON SUNDAYS  
AND HOLY DAYS OF OBLIGATION

No

Yes

MY FAMILY IS REGISTERED AT ST. VINCENT DE PAUL PARISH

No

Yes

MY CHILD WAS BAPTISED IN THE CATHOLIC FAITH AT ST. VINCENT  
DE PAUL. Envelope # \_\_\_\_\_

No

Yes

**OR**

MY CHILD WAS BAPTIZED IN THE CATHOLIC FAITH AT ANOTHER  
CATHOLIC CHURCH.

Approximate Date: \_\_\_\_\_

No

Yes

*Please attach a copy of the baptismal certificate with your registration.*

### Proximate Preparation

MY CHILD COMPLETED A FULL YEAR OF RELIGIOUS EDUCATION  
DURING THE 2010-2011 SCHOOL YEAR.

No

Yes

Which program? Catholic school, Grapevine, Edge, Life Teen \_\_\_\_\_

### Immediate Preparation

MY CHILD IS ALSO ENROLLED IN RELIGIOUS EDUCATION PROGRAM  
FOR THIS YEAR, 2011-12

No

Yes

Which program? Catholic school, Grapevine, EDGE, Life Teen \_\_\_\_\_

I AM PREPARED TO ATTEND ALL PARENT CLASSES

No

Yes

If you will not be able to attend, please note the name and relationship to the child of the person supporting the candidate throughout their preparation. \_\_\_\_\_

**If there is a “NO” marked you will need to meet with one of the ministers of the parish to discuss how to complete the remote, proximate or immediate preparation for the sacraments.**

**2011 – 2012 Sacramental Registration for grades 2-12**

Childs Full Name: \_\_\_\_\_  
Last First Middle

Name child prefers to go by: \_\_\_\_\_ Child's special needs/accommodations/concerns:

\_\_\_\_\_ We now have a special education catechist (teacher) who will prepare children with special needs, for sacrament preparation. Would you like further information about this program? Yes  No

School child is attending: \_\_\_\_\_ Grade in school: \_\_\_\_\_

If child does not live with parents, please indicate relationship (guardians, grandparents, etc.):

Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_  
*If you are not the legal guardian, we need documented permission for the celebration of the sacrament(s).*

Home address: \_\_\_\_\_  
Street apt # City State Zip

Mailing address (if different from above) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or pager: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

***PLEASE FILL OUT ONLY IF BAPTISMAL CERTIFICATE IS NOT IN ENGLISH***

**OR** if there are any legal changes.

Child's **Full** Name: \_\_\_\_\_  
First Middle Last

Child's Place of Birth: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
City State Country Day Month Year

Place of Baptism: \_\_\_\_\_  
Name of Church City State Country

Date of Baptism: \_\_\_\_\_

Child's current residence: \_\_\_\_\_  
City State

Fathers full Name: \_\_\_\_\_  
First Middle Last

Mother's full Name: \_\_\_\_\_  
First Middle Maiden name

Fee \$50.00 DATE \_\_\_\_\_ CK# \_\_\_\_\_ Cash \_\_\_\_\_ Balance Due \_\_\_\_\_