



Immaculate Conception Parish
 216 East Dunstable Road, Nashua, NH 03062
 603-888-0608 www.iccnashuanh.org

Sacramental Preparation Program 2019-2020
Grades 2, 3, 6, 9 & 10 Registration Form

OFFICE USE ONLY	
Date Rec'd:	_____
Fee Rec'd:	_____
Date Notified:	_____
email	<input type="checkbox"/> postcard <input type="checkbox"/>

THIS FORM IS REQUIRED FOR ALL CHILDREN REGISTERING FOR THE SACRAMENTS OF FIRST PENANCE, FIRST EUCHARIST AND/OR CONFIRMATION

SACRAMENTAL PREPARATION FEE ~ \$35.00 per sacrament. This fee is in addition to the regular registration fee for Faith Formation and helps to cover the cost of all materials (including workbooks and retreats/workshops) used to assist your son/daughter in preparing for a Sacrament. Please provide payment with this form. **Note:** This form is for Fall 2019 & Spring 2020.

Please register my child for the following Sacraments: First Penance First Eucharist Confirmation

School Attending: _____ Grade: _____ Is this a Catholic School? YES NO

Student Information:

_____/_____/_____ Legal Last Name (for Parish registry) _____ Legal First Name (for Parish registry) _____ Middle Name _____/_____/_____ Date of Birth

_____/_____/_____ Place of Baptism _____ Catholic Church Name, _____ Address, _____ City, State

Important Note: If your child was baptized in a church other than Immaculate Conception, please submit a copy of his/her Baptismal Certificate to the Parish Office as soon as possible. First Penance, First Communion and Confirmation cannot be received without a copy of this certificate on file. If your child was not baptized in a Catholic Church, please notify our staff at the Parish Office.

Family Information:

Family Name _____	Home Phone _____
Mother's Name _____ <small>Legal Name (for entry in Parish registry)</small>	Mother's Maiden Name _____
Father's Name _____ <small>Legal Name (for entry in Parish registry)</small>	Family Email _____
Mailing Address _____ <small>Street</small>	City _____ State _____ Zip Code _____
Mother's Cell _____	Father's Cell _____

Please list any special circumstances that would be helpful for us to know when working with your student:

MEDICAL FORMS: If your son/daughter needs an epi-pen, inhaler or other medical equipment on hand during a session or event, please speak with the Catechetical Leader and provide us with a separate written authorization form for their use.

PHOTOGRAPH PERMISSION: Photographs are sometimes taken during our programs. They are often displayed publicly; e.g., on the parish website, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events & activities. Please initial if you grant permission to photograph your child(ren) to use pictures as described above. **YES:** _____, **OR NO:** _____.

GENERAL INFORMATION: My signature below indicates that to the best of my knowledge the information on this form is accurate and true. It also indicates that I have read all the information regarding the sacramental program that I am registering my child(ren) for, and understand all policies and procedures.