

Amount: _____
Check #: _____
Date: _____
Accepted by: _____

St. Joseph Catholic Church
First Communion
P O Box 299
Milton, LA 70558
(337) 856-0800 ofc/(337) 856-5955 fax
Email: evastjoe@gmail.com

Baptism Certificate _____
Date _____
First Reconciliation _____
Date _____
FOR OFFICE USE ONLY

First Reconciliation/First Communion Registration

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____
Date of Birth: _____ Gender: M F Place of Birth: _____
Mailing Address: _____ City _____ Zip _____
Phone: _____ Cell: _____
School Attending Aug. 2019-May 2020: _____
Registered Church Parish: _____
Church of Baptism: _____ City/State _____
Date of Baptism: _____ (Copy of Baptism Certificate required)
1st Communion/Name of Church: _____

PARENT INFORMATION:

Father's Last Name: _____ Father's First Name: _____
Mother's Last Name: _____ Mother's First Name: _____
Mother's Maiden Name: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Family Email Address: _____
Emergency Contact Name: _____ Cell Phone: _____
Child resides with: Both Parents Mother Father Other
Does this student have a medical condition: _____
Does this student have allergies: _____
Does this student have a learning disability or special needs: _____

If you are attending our program outside of your church parish you will need a letter of permission from your priest in order for your child to make First Communion with St. Joseph.

REGISTRATION FEES/NON-REFUNDABLE

Registration Fees: \$40.00 per student, \$35.00 per additional siblings

OVER →

Please circle preferred class session for Grades 1,2,3,4, and 5.

Classes are filled on a first come first serve basis

5th Gr. (Mon.)	4th Gr. (Mon)	3rd Gr. (Mon)	2nd Gr. (Wed)	1st Gr. (Wed)
4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm
5:45 pm	5:45 pm	5:45 pm	5:45 pm	5:45 pm

Home School: Only for grades 3, 4, & 5

There are only ten openings per class. Openings will be filled on a first come first serve basis.

FIRST COMMUNION ABSENCES

Students preparing for First Communion must attend all classes. Candidates missing more than two days must provide a doctor's excuse to the director at the following meeting. If your child has more than two unexcused absences, they may not be allowed to complete their sacrament and the parent and child will be required to meet with the pastor to discuss this matter. If a parent and child do not schedule a meeting to meet with the pastor they will be required to wait to make their First Communion until the following year.

A MANDATORY ORIENTATION MEETING WILL BE HELD FOR PARENTS OF FIRST COMMUNION CHILDREN IN THE LIFE CENTER ONE PARENT OR GUARDIAN MUST BE PRESENT AT THIS MEETING.

There are only ten openings per class. Openings will be filled on a first come first serve basis.

STEWARDSHIP

Volunteers are a significant part of our programs. If you are interested in volunteering for this ministry, please contact:

Eva Green at 337-856-0800 (evastjoe@gmail.com).

Would you be interested in Volunteer opportunities? Yes No If yes: Teacher Substitute

Are you Safe Environment Certified: Yes No

SAFE ENVIRONMENT SESSION

In the pastoral effort to respond to a heightened need for the protection of our children, the Diocese of Lafayette has developed "A Safe Environment for the Protection of Children and Young People" program. As part of this program, all children in grades K through 12 in our Religious Education (CCD) Programs will be participating in an education session relating to child abuse and prevention. By registering your child in our religion program parents are automatically giving consent for their child to take part in this safe environment session.

PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM FOR MINORS (UNDER 18 YEARS OF AGE)

I, _____, parent/guardian of _____, hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, Acadiana Catholic, and/or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to the aforementioned minor child and/or use his/her photograph, voice, video images, and other media relating to said minor child in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

DROP-OFF/PICK-UP

For the safety of all students in the religion program, I understand that my child must be dropped off and picked up in the car line unless prior approval is obtained. I will notify all persons picking up my child of this policy. I understand that if I do not comply with this policy I may be dismissed from the program.

By signing below I am verifying that I have read the above statements.

SIGNATURE/DATE: _____

PRINTED NAME/PHONE: _____