

REGISTRATION FOR FIRST RECONCILIATION/FIRST COMMUNION

Child's Name: _____
(first) (middle) (last)

Birth date: _____

Was child baptized at Sacred Heart Church? Yes No

(If not, I will need a copy of the child's baptismal certificate.)

If not baptized at Sacred Heart, give the church and location of the child's baptism:

Church City

Father's Full Name: _____
(first).....(last)

Address: _____
Street or PO Box

City State Zip Code

Mother's Full Name: _____
(first) (last)

Address: (if different) _____
Street or PO Box

City Zip Code

Home Phone Number: _____

If parents divorced, who has custody? _____

Please fill out if applicable:

Mother's Cell: _____ Text? _____

Work Phone: _____

Email address: _____

Father's Cell: _____ Text? _____

Work Phone: _____

Email address: _____

Please sign:

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by Sacred Heart Church. I understand that these materials are being used for promotion of the religious education ministry of Sacred Heart Church. I understand that the promotional materials may or may not be used for internet, diocesan, community and/or national publications that promote the mission of the local Church. I release Sacred Heart Church from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Consented to by parents/legal guardian

Date