

OFFICE USE ONLY

St. Sebastian Catholic Church  
Faith Formation 2011-2012  
Registration for RCIC

Completed App. \_\_\_\_\_

Baptismal Cert. \_\_\_\_\_

PLEASE PRINT ALL INFORMATION:

Student Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Home Address: \_\_\_\_\_  
(#, Street or Apt.) (CITY) (STATE) (ZIP)

Home Phone: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City and State: \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

How long have you lived in Sebastian? \_\_\_\_\_

Are you a registered member of St. Sebastian Catholic Church? \_\_\_\_\_ Year of Registration: \_\_\_\_\_

Name registered as: \_\_\_\_\_ Envelope # \_\_\_\_\_

If you are not a registered member, are you registered in another church/denomination? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Denomination: \_\_\_\_\_

Was your child/youth Baptized? \_\_\_\_\_ YES \_\_\_\_\_ NO Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City, State: \_\_\_\_\_

If yes, please present our office with a copy of Baptismal Certificate

What Sacraments does your child need? Baptism (if never Baptized) \_\_\_\_\_  
Reconciliation (if older than age 7) \_\_\_\_\_  
First Communion (if older than age 7) \_\_\_\_\_  
Confirmation (if older than age 12) \_\_\_\_\_

Has your child participated in a Catholic Faith Formation program? \_\_\_\_\_ YES \_\_\_\_\_ NO

Grades attended: K 1 2 3 4 5 6 7 8 9 10 11 12

Name of Church: \_\_\_\_\_ City, State: \_\_\_\_\_

If yes, please present our office with a letter confirming participation from that Church.



Please secure necessary certificates and present copies to the Faith Formation Office within one month of registering for our RCIC Basics Program. Any questions or concerns, please call the Faith Formation Office: 589-4147. We look forward to this Faith journey with you!!

Faith Formation Fee is \$60.00 per registration to cover texts and materials. Payable at time of registration.

Diocesan Permission and Medical Treatment Waiver

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend Faith Formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida, to be treated for a medical emergency in my absence while participating in the Faith Formation Program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of an accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of an emergency, if I am not available at the above listed phone numbers, please contact:

Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell# (\_\_\_\_\_) \_\_\_\_\_

Any known medical/physical conditions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_