

St. Sebastian Catholic Church Faith Formation
Preparation for Sacraments of
Reconciliation and Eucharist 2011 – 2012

PLEASE ATTACH
A COPY OF
YOUR CHILD'S
BAPTISMAL CERTIFICATE

Child's Name: Print name as you want it to appear on the Sacrament Certificate

(FIRST)

(MIDDLE)

(LAST)

Date of Baptism: ___ / ___ / ___

Name of Church, City and State: _____

Date of Birth: ___ / ___ / ___

City and State: _____

Grade in School: _____ Name of School: _____

Number of years of Faith Formation (religious education) _____

Was your child in Faith Formation last year at St. Sebastian? ___ Yes ___ No

If no, was your child involved in Faith Formation in another parish? ___ Yes ___ No

Name of parish: _____ City and State: _____

I am registering him/her for: ___ Year I Prep ___ Year II Prep (completed year one)

Allergies or other medical conditions? _____

Father's Name: _____
(FIRST) (MIDDLE) (LAST)

Mother's (Maiden) Name: _____
(FIRST) (MIDDLE) (LAST)

Home Address: _____
(#, Street or Apt.) (City, State, Zip)

Phone Number: _____ E-Mail: _____

We wish to receive parish messages via the ONE CALL SYSTEM. Please use the following phone number(s)/e-mail for alerts:

1. _____ 2. _____ 3. _____

We are active, registered members of St. Sebastian. Year of registration: _____ Envelope # _____

The preparation process for the sacraments of Reconciliation and Eucharist involves:

- . regular attendance at Sunday (Saturday) Liturgy (sign-in book 1st and 2nd year children)
- . participation in parish gatherings
- . parent and child preparation at home (materials provided)
- . participation and attendance in weekly Faith Formation classes.

I understand that I am committing to active involvement of my child and myself (and or spouse) in both the parish and home dimensions of the preparation process.

(Parent Signature) _____ Date: _____

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. In case of 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 # (____) _____

**** \$60.00 Fee is due per registration. This fee covers texts, classroom materials and all other materials.**

Faith Formation Classes will be held on Sunday mornings from 10:45 to 12:00.

OFFICE USE ONLY

Completed Form Received _____

Cash _____ Check # _____

Baptismal Form Attached _____

Registering for Year I Prep _____

Registering for Year II Prep _____

My child was baptized at St. Sebastian _____

If you have a financial concern, please contact at 589-4147. Some assistance is available for **active, registered parishioners**. We want ALL children to participate regardless of ability to pay. We are committed to "passing on our Faith".