Blessed Sacrament Catholic Church First Reconciliation/First Communion Registration Form

Please print clearly (This information will be used for the child's certificate)

Name of Child					
	Last		First		Middle
Place of BirthCity		Sta	Dat	e of Birth	Day Year
Age Grad				World	Day Tour
Please complete	the following info	crament in Cod	need a copy of the oa Florida I do not	•	
Church of Baptism					
Place of Baptism_	City		State		Zip
Date of Baptism _	Month	Day	Year		
Father's Name _				Religion	
Mothor's Namo	Last		First	Religion	
Mother's Name _	Last		First	ixeligion	
Working E-mail Ad	dress				
Current Address					
Please check one:	child lives with	both p	arentsmo	other	_father
	Payments may be	made in install	child \$70.00 for two ments. No child will registration packet.		
arent Signature:			Dat	te:	
(For office use of oate Received:	only) _ Total Fee \$	Amt Paid \$	Cash/Check #	BAL Due \$	Staff Initials: _
Second Payment: Date I	Received:	Amt Paid \$	Cash/Check #	BAL Due \$	Staff Initials:

CHURCH		
permission for my child to attend Religion property. By granting permission, I also Blessed Sacrament Church, the Diocese volunteers, agents and representatives, Faith Formation classes at Blessed Sacrament Formation classes at Blessed Sacrament Church will attempt to contart reach me, Blessed Sacrament may contabelow. If the chaperones, volunteers, comergency contact, I authorize them to	nedical treatment or transportation for medical care, Bles act me at the number(s) listed below. If they are unable act the designated emergency contact at the number(s) lister other adult supervisors are unable to reach the designated take appropriate measures to provide care and treatment earest emergency room or physician's office, or to call	sed e to sted ateo
Parent/Guardian's Signature	Date	
Parent/Guardian (Print Name)	Emergency contact (Print Name)	
Phone Numbers:	Phone Numbers:	
Home:	Home:	
Cell:	Cell:	
Work:	Work:	
yo	vide any additional, specific information about your child thou feel we need to know.	at
Chronic or Acute Illnesses:		
Medication Presently Being Taken:		
Other Facts We Should Know		
I acknowledge that all of the information volunteers, or other adult supervisors ar	provided is true and correct and will only be disclosed to the disclosed t	те
Parent/Guardian Signature		

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY FOR BLESSED SACRAMENT