## 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
	2001				
Place of Birth				Date of Birth	
Place of Birth(	City	Sta	te	Month	Day Year
Age Grad	e				
	ed at Blessed Sa	crament in Coc		f the Baptismal Cer not need a copy of	
Church of Baptism					
Place of Baptism_					
,	City		State		Zip
Date of Baptism _	Month	Day	Year		
		24,	100.		
Father's Name _				Religion	
	Last		First	-	
Mother's Name _				Religion	
	Last		First		
Working E-mail Ac	ldress				
Current Address	child lives with	hoth na	rents	_mother	father
T IOGGO GITOGIX GITO.	orma nvec man	5641 pc			
more children.	Payments may b	e made in installr	nents. No child	r two children or \$8 will be turned away	
have read and unders					
arent Signature:				Date:	
(For office use of Date Received:	only) _ Total Fee \$	Amt Paid \$	Cash/Check # _	BAL Due \$	Staff Initials:
econd 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 Diocest volunteers, agents and representatives, Faith Formation classes at Blessed Sacrament Formation classes at Blessed Sacrament Church will attempt to contact me, Blessed Sacrament may contact the If the chaperones, volunteers, or other accontact, I authorize them to take appropriate them.				
Parent/Guardian's Signature	Date			
Parent/Guardian (Print Name)	Emergency contact (Print Name)			
Phone Numbers:	Phone Numbers:			
Home:	Home:			
Cell:	Cell:			
Work:	Work:			
yo	ovide any additional, specific information about your child that bu feel we need to know.			
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 and any medical providers as needed.			
Parent/Guardian Signature	 Date			

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



"You are my beloved Son; with you I am well pleased " (Luke 3:22).

August 30, 2019

## Dear Parent:

The Catholic Church teaches that God has created each of us as unique and special. Genesis 1:27 tells us that we are created "male and female in God's image" and that God saw this as "very good." In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.

Adults assist young people to recognize God's love by helping them to understand that each of us lives and moves in a Circle of Grace, This Circle of Grace holds our very essence in mind, heart, soul, and sexuality. Why is it important to help our young people understand the Circle of Grace? God intends our relationships in life to be experiences of divine love. He wants us to have healthy relationships; those that are respectful, nurturing and loving so that we might increase our understanding of our own value and help us to love others. It is never too early to help young people understand how very special they are and how relationships in life are called to be sacred. The goal of the Circle of Grace program is to educate and empower young people to actively participate in a safe environment for themselves and others.

I call upon each one of you, as first formators, to assist with this goal by teaching your children that each one is held within a circle of grace; each one is beloved. I ask that you support those who work with our young people to assist them in telling the Good News of God's love. May our recognition of the sacredness of each other begin a path of right relationships with God.

There will be an informational meeting about the Circle of Grace program on September 24, 2019 at 7 p.m. in the hall.

God Bless.

Father Marek Sarniewicz, SDS Blessed Sacrament Catholic Church