



St. Catherine of Siena
Catholic Church

SACRAMENTAL REGISTRATION

STUDENT'S NAME _____ Date _____

The policy of The Diocese of St. Petersburg is that children have at least two years of Faith Formation before they receive a sacrament. At St. Catherine of Siena, students typically make First Communion in 2nd grade and Confirmation in 8th grade. Within their second year, they must also attend sacramental prep classes and requires a separate **SACRAMENTAL FEE**. Sacramental Prep is in addition to Faith Formation classes and will be held on scheduled Saturdays throughout the school year.

Is child baptized? Yes No Where? _____

You are required to provide a copy of student's Baptismal Certificate if not at St. Catherine of Siena.

If not baptized, please call the office at (727) 531-7721 ext 129 to speak with the Faith Formation staff.

Was your student attending Religious Education classes last year? Yes No

Where? _____

SACRAMENTS AND ASSOCIATED FEES (Check mark which sacrament the student is registering for):

First Communion \$60/student Confirmation \$60/student

REGISTRO SACRAMENTAL

Nombre de Estudiante _____ Fecha _____

La política de la Diócesis de San Petersburgo es que los niños tengan al menos dos años de Formación en la Fe antes de recibir un sacramento. En St. Catherine of Siena, los estudiantes suelen hacer la Primera Comunión en 2º grado y la Confirmación en 8º grado. Dentro de su segundo año, también deben asistir a clases de preparación sacramental y requieren una CUOTA SACRAMENTAL por separado. Sacramental Prep es además de las clases de Formación de Fe y se llevará a cabo los sábados programados durante todo el año escolar.

¿Está bautizado el niño? Si No ¿Dónde? _____

Se requiere que proporcione una copia del Certificado de bautismo del estudiante, si no está en St. Catherine of Siena.

Si no está bautizado, llame a la oficina al 727-531-7721 ext. 129 para hablar con el personal de Formación de Fe.

¿Estaba su estudiante asistiendo a clases de educación religiosa el año pasado? Si No
¿Dónde? _____

SACRAMENTOS Y CUOTAS ASOCIADAS (Marque la clase donde se está registrando el estudiante):

Primera Comunión \$ 60 / estudiante Confirmación \$ 60 / estudiante

EMERGENCY MEDICAL RELEASE

Please complete the top half, print and bring to a notary for signatures.

Por favor, llene los datos de la parte superior de la página de este formulario, imprímalo y tráigalo para registrar sus firmas ante el notario.

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me on 20 (Month) (Day) (Year)

by (Name of Affiant), who is personally known to me or who has

produced (Type of Identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)