

First RECONCILIATION

SACRAMENTAL PREPARATION REGISTRATION 2020 - 2021
Holy Cross Parish; 4492 Lake Ave. Rochester, NY 14612
Mary.Toot@dor.org Elizabeth.Cilano@dor.org

Parent e-mail

Print child's **full name** (Including Full middle name. This is needed for Church records):

First NAME / Middle NAME / Last NAME BIRTH DATE GRADE

RECORD of BAPTISM: If your child was **not** baptized at Holy Cross, his or her official baptismal certificate must be attached to this registration form.

Baptized at what Church? _____ Date _____

- **Grade in Fall 2020** _____ School Attending _____
- Are you members of Holy Cross Parish? _____ If not, what is your home parish? _____
- If my Child has received First Communion, please list the date _____ Church Received _____

MOTHER'S NAME _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

Father's address if different

ADDRESS _____

ADDRESS _____

City _____

City _____

Zip code _____

Zip code _____

PHONE _____

PHONE _____

If child lives with Guardian: **Guardian's NAME** _____

Guardian's Address _____

I give permission for my child listed above to participate in all activities for the sacrament of First Reconciliation. I will list on the back of this form, any medical concerns, food allergies or other personal situations that the Religious Education Office needs to be aware of. In case of emergency, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation. I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian _____ Date _____

Fee for First Reconciliation (Penance) is \$25.00
Checks payable to: Holy Cross