

**FIRST HOLY COMMUNION PREPARATION  
REGISTRATION FORM 2009  
St. John the Evangelist Church  
Spencerport, NY**

**\*Registration deadline: Thursday February 25, 2010**

CANDIDATE'S FULL BAPTISMAL NAME: \_\_\_\_\_  
(First, Middle & Last names please)

GRADE LEVEL: \_\_\_\_\_ Please check one: in Families GIFT program ( ) in Catholic School ( )

DATE OF BIRTH: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_  
(month          day          year)

CHURCH OF BAPTISM: \_\_\_\_\_

LOCATION OF CHURCH OF BAPTISM (City/town): \_\_\_\_\_

***FAMILY INFORMATION***

FAMILY NAME (if different than candidate's last name): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Religion: \_\_\_\_\_

MOTHER'S NAME (**maiden**): \_\_\_\_\_ Religion: \_\_\_\_\_  
(first and last name please)

**OFFICE USE:**

Date Received: \_\_\_\_\_

Parish Registration: \_\_\_\_\_

\$20 Prep. Fee Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Date Celebrated: \_\_\_\_\_

Baptismal verification \_\_\_\_\_

# FIRST HOLY COMMUNION PREPARATION PROCESS

St. John the Evangelist Church  
ROMAN CATHOLIC DIOCESE OF ROCHESTER

## HEALTH FORM

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Family Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Zip \_\_\_\_\_

Parish/Location \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Child :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or special needs \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

**Name of Child 2:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or special needs \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_



*In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.*

*In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.*

Signature of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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**CODE OF CONDUCT FOR MINOR CHILDREN  
INVOLVED IN PARISH PROGRAMS**

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The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones.

Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco.

Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, chaperones).

Participants are representing their parish community. Appropriate behavior and language are expected.

No dangerous or rough play will be tolerated.

Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an off site event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.



*In signing this Code of Conduct form, I hereby certify that I have read, understand, and will comply with the Code and, furthermore, I have reviewed the Code of Conduct with my child(ren).*

Signature of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

ST. JOHN THE EVANGELIST CHURCH  
FAITH FORMATION

**DISMISSAL RELEASE FORM**

First Holy Communion Preparation Process

I, \_\_\_\_\_ will pick up my son/daughter \_\_\_\_\_

from faith formation class. In the event I cannot pick up my child(ren) from faith formation class, I authorize the catechist/group leader to release my child(ren) to the following adults (Please remember to include the other parent/step-parent if appropriate):

Names _____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

I understand that whomever picks up my child(ren) must go to the learning space to collect him/her.

\_\_\_\_\_  
Signature of parent completing this form

\_\_\_\_\_  
phone number

\_\_\_\_\_  
Date