



St. Therese Parish First Reconciliation and First Communion Sacramental Preparation Registration

Program Information & Requirements

- We require that you are a member of our parish.
- Parent participation in their child's program is required. We require at least one parent or guardian to attend *every* session with their child. Participation also includes attending the Eucharist on a regular basis.
- Children are required to be actively enrolled in Christian Formation *two years prior* to preparing for a sacrament *as well as the year the sacrament is received*.
- We require that a copy of the baptismal certificate for each new student is on file in our office.
- If your child is going to be late or will be absent, please contact Christine Reinders, Program Leader, at (414) 292-8697 or creinders@aol.com.
- All students are expected to abide by the procedures and rules set by the Program Leader, Christine Reinders. Parents/guardians will be immediately notified of any behavior or other problems.

Tuition/Fees

There is a \$25.00 materials fee per child.

Schedule *Session schedule is subject to change. All changes will be communicated in advance.*

Reconciliation Preparation – Fall 2018

All sessions are from 10:15AM – 11:15AM on the following Sundays:

- September 30th
- October 7th, 14th, 21st, and 28th
- November 4th

The sacrament of Reconciliation will take place at 4:00PM on Saturday, November 10th.

First Communion Preparation – Spring 2019

All sessions are from 10:15AM – 11:15AM on the following Sundays:

- March 24th and 31st
- April 7th, 14th, 28th
- May 5th

*The sacrament of First Communion is tentatively scheduled for
Sunday, May 19th at the 9:00AM Mass.*

- Keep this page for reference. Please fill out second page and return -



First Reconciliation and First Communion Sacramental Preparation Registration Form

Please fill out this form completely, and **return it to the Parish Office by July 15th.**

PLEASE PRINT CLEARLY

Family Information

Family Last Name _____

(M)other _____ (F)ather _____

Student lives with: Both Parents Mother Father

Address _____

City _____ State _____ ZIP _____

Phone: (____) _____

Cell: (M) (____) _____ Email: (M) _____

(F) (____) _____ (F) _____

If there is an emergency during a session, please call:

- Mother's cell
- Father's cell
- Other (name, relationship, phone) _____

Name <i>(Include different last name)</i>	Date of Birth	Grade	Received Baptism Y/N

Is the student already receiving formation through another program, for example, through their school? If so, please explain:

Is there anything we should know about your child in order to better serve their needs?

(e.g. allergies, learning disabilities, medical conditions, etc.)

OFFICE USE ONLY:

Date rec'd _____ Check # _____

Tuition fee _____ Amt Paid _____ Balance _____