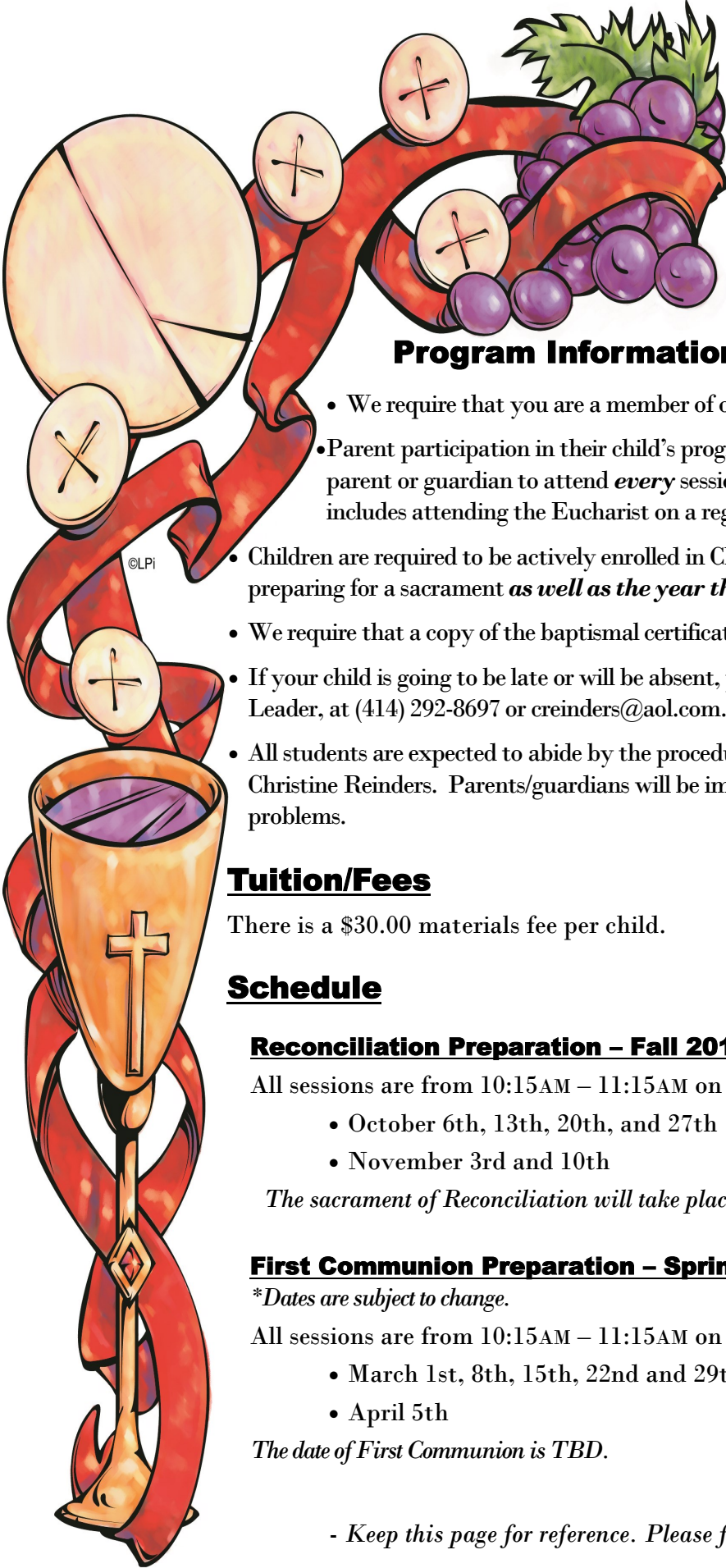


St. Therese Parish First Reconciliation & First Communion Sacramental Preparation Registration

Program Information & Requirements

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- 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 \$30.00 materials fee per child.

Schedule

Reconciliation Preparation – Fall 2019

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

- October 6th, 13th, 20th, and 27th
- November 3rd and 10th

The sacrament of Reconciliation will take place at 4:00PM on Saturday, November 16th.

First Communion Preparation – Spring 2020*

**Dates are subject to change.*

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

- March 1st, 8th, 15th, 22nd and 29th
- April 5th

The date of First Communion is TBD.

- 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, with payment, to the Parish Office by June 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) _____

Student Registration

Name (Include different last name)	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 _____