

Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish
Sacraments of Reconciliation & Communion Registration **2020-2021**

Guidelines for Preparing and Receiving the Sacraments of Reconciliation and Communion

- ❖ Your child should be at least 7 years of age or older and Baptized. A copy of their Baptism certificate must be included with this registration form if not Baptized at Our Lady of Mt. Carmel ~ St. Anthony of Padua Parish.
- ❖ He / she should have completed 2 years of **The Light of Faith & Family Formation Program** or attend accredited Catholic School prior to receiving the Sacraments.
- ❖ Families must be registered with Our Lady of Mt. Carmel ~ St. Anthony of Padua Parish. If not, a letter from your current parish verifying your child's participation of a structured program and acknowledging that you will be participating in the Sacramental Preparation and receiving a Sacrament with Our Lady of Mt. Carmel~ St. Anthony of Padua Parish in Youngstown, Ohio.
- ❖ Parents/guardians are involved in preparing their child for the sacraments.

Reconciliation & Eucharist Sacrament Fee – combined fee \$30 (\$15 per sacrament)

Student Information - Child/Youth is enrolled in the following Religious Education Program for **2020-21:**

___ The Light of Faith and Family ___ Other arrangements have been made after meeting with the DRE
 ___ Catholic School (name of school) _____ Proposed Communion Date: _____

Print child's complete baptismal name: _____

Preferred name (goes by) _____ DOB: ___/___/___

Sex: M / F Grade: _____ School attending: _____

*Please indicate any special needs or learning difficulties your son or daughter may have in a group learning environment. _____

ALLERGIES: () None / List _____

Emergency contact: _____ Phone: _____ - _____ - _____

Relationship: _____

Physician Name: _____ Phone: _____ - _____ - _____

Family's Last Name: _____

Email: _____ @ _____

Phone numbers:

(H) _____ - _____ - _____ (W) _____ - _____ - _____ ex- _____ Cell: _____ - _____ - _____

Father's Name: _____ Religion _____

Mother's Name: _____ Religion _____

Mother's Maiden Name: _____

Complete Address: _____

City _____ State _____ Zip _____

Name of Residential Development: _____

Family Status: ___ Two-parent Family ___ Single-parent Family ___ Blended Family (Step) ___ Guardian

Does an additional copy of information need to be sent? If yes, please provide name and address.

Name:

_____ Relationship _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Is there a Parent Custodial Order? Y or N If yes, please attach note.

(Over)

****Please Complete One Form Per Child****

Photo Release on the Internet or Other Media Forms for those under 18:

Name of Parent or Guardian _____

Name of minor child _____

Gives permission for The Director of Religious Education and the Coordinator of Youth Ministry of Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish.

I give permission for my son/daughter to be photographed or videoed at Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish. I realize that the photo or video may be published in the newspaper, magazine, parish website, or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish's programs or curriculum.

OR

I have read the Photo/Visual Consent and do NOT give permission for my child to the above request.

PERMISSION TO PUBLISH ON THE INTERNET

I give Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish the right to use the following participant material for my son or daughter for inclusion on the internet ONLY on the Parish Website or other media platforms under the Parish name. I affirm that I have the legal right to issue such consent.

Check ALL that apply. (A blank space indicates the intent of the parent or guardian to NOT allow that information on the Parish Website or other media platforms under the Parish name.

First name only

Photo of Participant project

Group photograph

Individual participant photo

SIGNATURE _____ Date _____

IMPORTANT!

Please write the **mandatory Parent Sacrament Orientation Meeting** date and time on your family calendar now.

*** Orientation: TBA**

All sacramental information is archived at the child's parish of Baptism.

If the child was not baptized at OLMC or St. Anthony of Padua then a copy of their Baptismal Certificate is required.

My child was baptized at:

OLMC **St. Anthony** **Other** _____ ***Date (month/year) ___ / ___**

Reconciliation & Eucharist Sacrament Fee - (combined fee) \$30 (\$15.ea)

Registration is due by October 1, 2020. Payment is due no later than October 31, 2020.

Note If finances are an issue or a payment plan is needed please call or E-mail: Therese Ivanisin in the Religious Education Office at (330) 743-3508, ext. 121 or OLMCTherese@gmail.com.

Register my child for: _____ Reconciliation and/or _____ Eucharist

Please complete one form per child/youth.

FOR OFFICE USE ONLY

Date rec'd _____ Balance \$ _____ Paid \$ _____ Payment plan _____
Cash _____ Check Number # _____ Payment plan on file Yes / No Info entered into ConnectNow by _____