



**FIRST HOLY COMMUNION
SACRAMENTAL PREPARATION PROGRAM
St. John the Evangelist Church
Spencerport, NY**

CALENDAR 2017

REGISTRATION DEADLINE: * Monday, February 27th, 2017 *****

Pre-Sacramental Preparation Interviews for First Holy Communion: In the Month of March
Appointments may be scheduled by calling the parish office at 352-5481, Monday - Thursday 9-5pm.

First Holy Communion Sessions: Choose Either Saturday, Must Attend Rehearsal

Saturday Retreat A:

Saturday, April 1

Retreat Day for
Candidates/Parents

9:00-1:30p.m.
Martha House Youth Group Room

OR

Saturday Retreat B:

Saturday, April 8

Retreat Day for
Candidates/Parents

9:00-1:30p.m.
Martha House Youth Group Room

Rehearsal Evening

Thursday, May 11

Mandatory
Rehearsal for ALL
Candidates and Parents

6:30-7:30p.m.
Youth Group Rm THEN Church

Celebrations:

First Communion Weekend May 13 and 14

Sat. 5:00 p.m., Sunday 7:45, 9:30 & 11:15 a.m.

There is a **\$20 book/materials fee** for this Sacramental Preparation program. Please make checks payable to *St. John the Evangelist Church*. Payments must be made before day of retreat so that candidate can receive his or her materials.

**FIRST HOLY COMMUNION PREPARATION
REGISTRATION FORM 2017
St. John the Evangelist Church
Spencerport, NY**



***Registration deadline: Monday February 27, 2017**

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)

Please Select Session Option:	Each date is limited to 11 children due to space restrictions.
_____ April 1st 9:00-1:30 p.m.	
_____ April 8th 9:00-1:30 p.m.	
All MUST attend Rehearsal (5/11 @ 6:30p.m.)	

CHURCH OF BAPTISM: _____

LOCATION OF CHURCH OF BAPTISM (City/town): _____

***** NOTE: Parents must secure a sealed baptismal certificate before starting in the program if child ***
*** was not baptized at St. John's Spencerport. Our office is required to keep a copy on file. *****

First Penance preparation: Month/ Year _____

Church and location for First Penance preparation _____

Was First Penance celebrated? (check one): Yes _____ No _____ Month/ Year _____

Church and location where First Penance was celebrated _____

FAMILY INFORMATION

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

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE NUMBER: (dad) _____ (mom) _____

E-MAIL: _____

FATHER'S NAME: _____ Religion: _____

MOTHER'S NAME (**maiden**): _____ Religion: _____
(First and last name please)

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OFFICE USE: Date Received: _____ Date Interviewed: _____

Parish Registration: _____ Baptismal verification _____

\$20 Prep. Fee Received: _____ Date Celebrated: _____

FIRST HOLY COMMUNION PREPARATION PROCESS
2017
St. John the Evangelist Church
ROMAN CATHOLIC DIOCESE OF ROCHESTER

HEALTH FORM

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 _____

CODE OF CONDUCT FOR MINOR CHILDREN INVOLVED IN PARISH PROGRAMS

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 _____

Photo Release

I hereby consent to and authorize the use and reproduction by the parish, or anyone authorized by the parish, of any and all photography, still or in motion, and / or all audio recordings in which this student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials.

Since the student is under age 18, consent must be given by parent or guardian, as follows:

I hereby certify that I am the parent or guardian of the child named above, and I give my consent without reservation.

Signature of parent or guardian

Date

OR

I hereby certify that I am the parent or guardian of the child named above, and I DO NOT give my consent.

Signature of parent or guardian

Date