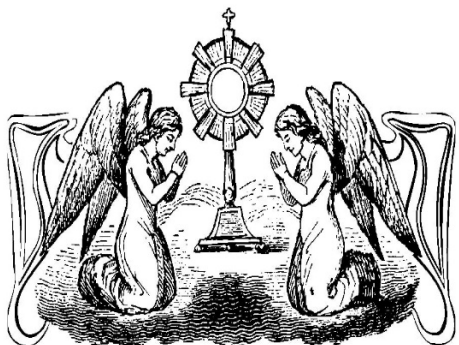


PARISH CATECHETICAL OFFICE
Immaculate Conception Church
 37940 Euclid Avenue
 Willoughby, Ohio 44094
 (440) 942-4500
 jvRasoamampionona@immaculate.net

2026-2027 FIRST PENANCE & FIRST COMMUNION REGISTRATION FORM

This form is for Sacramental Preparation registration only!
Please Print – One Form per Child (No Nicknames)



Name: _____
LAST FIRST MIDDLE

☐ Male ☐ Female Date of Birth: _____

Address: _____

City: _____ ZIP: _____

Father's Phone #: (____) _____

Mother's Phone #: (____) _____

Parent E-mail: _____

2nd email if applicable: _____

Emergency contact (other than parent(s)): _____
Name Phone Number

Was this candidate enrolled in a catechetical program last year? ☐ Yes ☐ No If "Yes", which:

☐ IC PSR ☐ MDA School ☐ Home School ☐ Other Catholic PSR/School _____

Father's Name: _____
FIRST LAST

Is the Father Catholic? ☐ Yes ☐ No

Mother's Name: _____
FIRST MAIDEN LAST

Is the Mother Catholic? ☐ Yes ☐ No

Child resides with: ☐ Both Parents ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother
Check all that apply

☐ Custodial Adult: _____
Name Relationship to the child

Are you a registered member of Immaculate Conception Church? ☐ Yes ☐ No

If you answered "No", you must receive written permission of both your own parish pastor and the pastor of Immaculate Conception in order for the candidate to receive the Sacraments of Initiation at Immaculate Conception Parish.

(OVER)

CANDIDATE'S SACRAMENTAL HISTORYCatholic Baptism or Profession of Faith: ☐ Yes ☐ No

CHURCH

CITY, STATE

DATE

YOUTH CANDIDATES preparing for Sacraments of Initiation must be registered for *both Sacramental Preparation Classes and PSR, Catholic School or a home schooling program that has a general catechetical component*. I am acknowledging that we are members of Immaculate Conception Parish.

All candidates registering for sacramental preparation must submit to the Parish Catechetical Office a current certificate (*not more than six months old*) of Sacraments of Initiation already received. These certificates must be submitted even if you have already submitted sacramental certificates to the Parish School of Religion for enrollment in those programs.

Release for Minors: In consideration of my child receiving catechetical instruction through the Immaculate Conception Church Sacramental Preparation Program, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with catechetical classes and I further release, discharge, and/or otherwise indemnify the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Immaculate Conception Church, employees and volunteers from all claims, judgments, liability by or on behalf of my child, my spouse, and myself for any injury or damage due to the child's participation in the Parish Sacramental Preparation Program including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I understand that sacramental preparation is a function of the whole parish community even if certain catechetical activities occur in the Parish School of Religion. I acknowledge that I have the responsibility to provide a Catholic family environment for my child, including weekly participation at liturgy on Sundays and holy days of obligation. It is my responsibility to ensure that my child is present and prompt to all activities associated with sacramental preparation, and for me to be present at parent meetings. Finally, I understand that I have the opportunity to discuss any issues with the Parish Catechetical Leader or Pastor.

PHOTO RELEASE

I understand that photos may be taken of my child/children during the PSR classes and events. I hereby give Immaculate Conception Parish and the Sisters of the Most Holy Trinity permission to publish photographs taken of my child/children, for use in Immaculate Conception's and the Trinitarian Order's printed Publications and website. I release Immaculate Conception and the Sisters of the Most Holy Trinity from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration, and that I have the authority to authorize Immaculate Conception and the Sisters of the Most Holy Trinity to use their photographs and names.

Please check one:

- ☐ Yes, my child's photos may be used by Immaculate Conception Parish and the Sisters of the Most Holy Trinity.
☐ I do NOT want my child's photos used by Immaculate Conception Parish or the Sisters of the Most Holy Trinity.

Parent/Custodian Signature: _____ Date: _____

First Penance & First Communion Fee: \$50.00**Make checks payable to IMMACULATE CONCEPTION CHURCH****Scholarships are available for families who need financial assistance.**

- ☐ Yes, I would like to apply for a scholarship.
☐ No, I do not need a scholarship.

For Office Use Only

Date Received: ___/___/___ Cash or Check Number: _____ Baptism Certificate Received ☐

(OVER)