



St. Benedict Parish

Sacramental Registration Form 2018/19

95 N. Main St., Canandaigua, NY 14421
(585) 394-1220



Please check the Sacrament(s) you are registering for.

First Reconciliation _____ First Holy Communion _____

Student Name _____ Sex ___ M ___ F
LAST FIRST

Address _____ Phone _____
HOUSE # STREET APT.

_____, NY _____ Date of Birth _____
CITY/TOWN ZIPCODE

Grade in Fall 2018 ___ Age of child ___ School Attending _____

If not attending St. Mary's School, is your child attending St. Benedict Faith Formation Program?

Circle Yes/No

Comments: _____

Mother's Name _____ Maiden Name _____

Address _____
(IF DIFFERENT FROM CHILD'S) HOUSE # STREET APT.

_____, NY _____ Religion _____
CITY/TOWN ZIPCODE

Phone: _____ Cell: _____ E-mail: _____

Father's Name _____

Address _____
(IF DIFFERENT FROM CHILD'S) HOUSE # STREET APT.

_____, NY _____ Religion _____
CITY/TOWN ZIPCODE

Phone: _____ Cell: _____ E-mail: _____

Special Situations regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc.) Circle Yes/No (Please attach separate sheet if necessary).

Sacraments	Date	Church & Location
Baptism		
First Penance		

*If candidate was not baptized at St. Benedict Parish (St. Mary's Church or St. Bridget's Church), then a copy of the sacrament record needs to be provided.

PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of _____ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation/Sacramental Preparation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian _____ Date _____

**** Please also note that any pictures taken of the children may be used on St. Benedict's Web site or Facebook page as part of the St. Benedict activities. ** No names will be attached to the pictures.**

OVERVIEW SESSIONS:

Monday, February 11 and Tuesday, February 12, 2019 – 6:30 – 7:30 PM in Dougherty Hall

RECONCILIATION FORMATION SESSIONS:

Mondays and Tuesdays 6:30 – 7:30 PM in Dougherty Hall

- March 4 March 5**
- March 11 March 12**
- March 25 March 26**
- April 1 April 2**

<i>We will be attending: (Please check)</i>	
Monday Sessions	_____
Tuesday Sessions	_____

CELEBRATION OF FIRST RECONCILIATION:

Saturday, April 6, 11:00 AM at St. Bridget's Church

EUCARIST FORMATION SESSIONS:

Mondays and Tuesdays 6:30 – 7:30 PM in Dougherty Hall

- April 22 April 23**
- April 29 April 30**
- May 6 May 7**
- May 13 May 14**

CELEBRATION OF FIRST HOLY COMMUNION:

on May 19 and 26 at St. Bridget's Church and at weekend Masses June 1-2 or June 15-16 at St. Mary's Church

<i>Preferred Mass choice for First Communion: *First come first served basis. Sign up will take place at the first preparation session.</i>	
Sun. May 19 @ 9:30 AM St. Bridget's	_____
Sun. May 26 @ 9:30 AM St. Bridget's	_____
Sat. June 1 @ 5:00 PM St. Mary's	_____
Sun. June 2 @ 7:30 AM St. Mary's	_____
Sun. June 2 @ 9:00 AM St. Mary's	_____
Sun. June 2 @ 11:30 AM St. Mary's	_____
Sat. June 15 @ 5:00 PM St. Mary's	_____
Sun. June 16 @ 7:30 AM St. Mary's	_____
Sun. June 16 @ 9:00 AM St. Mary's	_____
Sun. June 16 @ 11:30 AM St. Mary's	_____