

SHEPHERD OF THE VALLEY

Sacramental Preparation for Reconciliation and First Communion

Our process for preparing children for these sacraments will be parent based. You will be preparing your child to receive these sacraments with the guidance and support of a sacramental preparation team. In addition to your child’s sacramental preparation, each child will be expected to attend grade appropriate Religious Education/formation sessions on Sunday morning.

Those attending a Catholic school are not required to attend Faith formation at Shepherd of the Valley, but it is highly encouraged because it develops friendships and support.

There is a registration fee of \$50 per candidate. You must be concurrently enrolled in our religious ed. Program and registered separately for that. No one will be denied participation due to an inability to pay. Please contact Joyce Marks if you need a fee waived (664-1050x107).

*******Criteria for registration into the Sacramental Preparation Process*****

Due to the importance of the sacraments, and the primary modeling done by parents, we expect that the family will be registered in the parish and attend weekly mass. Children enrolling in our Sacramental Preparation process must be 7 years old by May 1st, 2018 and need to have completed at least one year of faith formation first grade or above. If you have any questions or concerns, please contact Joyce Marks (664-1050x107) or email

joyce@shepherdatholic.com

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PLEASE PRINT

Child’s Name _____ Age _____
Last First Middle

Place of Birth _____ Date of Birth _____
City State Month/Day/Year

Address: _____
No. and Street City Zip

Phone _____ Cell Phone# _____

Email Address _____

Date Registered at Shepherd of the Valley _____

Place of Baptism:

_____ Church City State

Father’s Name _____

Mother’s Maiden Name _____

*****MANDATORY-PLEASE ATTACH A COPY OF BAPTISMAL CERTIFICATE TO REGISTRATION FORM IF NOT BAPTIZED IN THIS PARISH**

For Office Use: Paid: Yes _____ \$/Chk# _____ No _____ Waived _____

Record Keeping Office Use:

Baptismal Certificate received:	Date		
If Not Received	Called Date	Sent Letter Date	Other-Email, ect:
Payment Scholarship	Date/Payment/form	Date/Payment/Form	Date/Payment/form
	Date/Payment/form	Date/Payment/form	Date/Payment/form

Other: _____

