



PLUGGED IN REGISTRATION FORM

Registration for Plugged In/Sacramental Registration – Please assure the following are attached:

- Plugged In Registration Form
- \$20 Plugged In Program Registration Fee
- First Reconciliation and Eucharist Registration Sheet (blue form)
- \$20 First Reconciliation and Eucharist Registration Fee
- photocopy of your child’s baptismal certificate

Return forms and fees in an envelope marked “Plugged In” through the Offertory Basket or give in person on the Lord’s Day.

Circumstances of my son/daughter (please check any and all that apply):

- | | |
|--|--|
| <input type="checkbox"/> attend public/private school | <input type="checkbox"/> preparing for First Reconciliation and First Communion but older than Grade 2 |
| <input type="checkbox"/> homeschooled | <input type="checkbox"/> preparing for First Communion and in Grade 2 |
| <input type="checkbox"/> receive(d) little or no religious education | <input type="checkbox"/> preparing for Confirmation and in Grade 7 or 8 |
| <input type="checkbox"/> desire Baptism | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> desire to become a Catholic Christian | |

CHILD/YOUTH

First Name:	Last Name:	Grade:
D.O.B. (day) / (month) / (year)		Allergies/Medical Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not baptized <input type="checkbox"/> Baptized in another Christian Church, but not a Roman Catholic Church <input type="checkbox"/> Baptized in a Roman Catholic Church If baptized, please indicate the place and date of Baptism and attach a copy of your child’s baptismal certificate. Place: _____ Church/City/Prov. Date: _____		If yes to allergies/medical condition, please explain condition below as well as treatment. Any information regarding learning/participation that would assist the program leaders: Would like my child to prepare for: <input type="checkbox"/> Baptism <input type="checkbox"/> Profession of Faith in the Catholic Church <input type="checkbox"/> First Reconciliation and Communion <input type="checkbox"/> Confirmation



PARENT/GUARDIAN INFORMATION

Mother

First Name:		Last Name:	
Address:		Primary Contact for Plugged In? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Prov.	Postal Code:	Religion:
Phone (home):		Phone (cell):	
Phone (work):		Email:	

Father

First Name:		Last Name:	
Address :		Primary Contact for Plugged In? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Prov.	Postal Code:	Religion:
Phone (home):		Phone (cell):	
Phone (work):		Email:	

Additional Emergency Contact

First Name:		Last Name:	
How is this person connected/related to the participant?			
Phone (home):		Phone (cell):	
Phone (work):		Email:	

Email is fine for contacting me regarding program updates, cancellations, any communication. If not, please list preferred means of contact: _____

REQUEST TO PARTICIPATE AND BEHAVIOR AGREEMENT:

I request my child be permitted to participate in Plugged In (Sacramental Prep for Kids and Teens) at St. Mary of the Visitation Parish, Cambridge and hold harmless all volunteers and staff involved and agree to pay any damages which may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties.

I agree to photographs of my child being used for parish purposes.

Signature of Parent/Guardian

Date