

**\*\*Revised May, 2009\*\***  
**SACRAMENT REGISTRATION FORM**  
**2009-2010**

*Please submit one form per child.*

**ST. RITA CHURCH**  
1008 Maple Drive \* Webster, NY \* 14580 \*(585) 671-2079

Received: \_\_\_\_\_  
Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_  
RE \_\_\_\_\_ SAC \_\_\_\_\_

Child's Name: _____ (First and Last)	Parent(s) Name: _____ (First and Last)	
Mother's Maiden Name: _____		
Address: _____ (Street)	_____ (Town)	_____ (Zip)
Phone: (_____) _____ (Home)	(_____) _____ (Work)	
Child's Date of Birth: _____	Grade: _____ 2009-2010	Parishioner Number: _____ (Located on Church Envelope)

*\* If any of the above information changes, please notify us immediately.*

Children are eligible for the Sacraments of First Reconciliation, Confirmation and First Eucharist at the age of 7. The readiness decision for a child to prepare for and receive any Sacrament is determined by the parent(s). Only those registered in St. Rita Parish are eligible to participate in these programs. **Notification of parent meetings for each Sacrament will be mailed three weeks prior to the Parent Meeting.**

Please enroll my child for Sacramental preparation for the following Sacrament(s):

- First Reconciliation (Penance) – Winter\*\*
- Confirmation – Fall\*\*
- First Eucharist (Communion) - Spring

**The Sacrament fee is \$30.00 per Sacrament.**

**BAPTISMAL INFORMATION (REQUIRED)**

Please select one:

\_\_\_\_\_ My child was baptized at St. Rita Church \_\_\_\_\_ / \_\_\_\_\_  
(Mo/Yr)

\_\_\_\_\_ My child was baptized elsewhere.

Please provide a copy of the Baptismal Certificate upon enrollment if this is your child's first time receiving a Sacrament at St. Rita Church. The Sacrament(s) will NOT be recorded until we receive the Baptismal Certificate.