

Baptism Certificate _____
Date _____
First Reconciliation _____
Date _____
FOR OFFICE USE ONLY

St. Joseph Catholic Church
First Reconciliation/First Communion
P O Box 299
Milton, LA 70558
(337) 856-0800 ofc

Amount: _____
Check #: _____
Date: _____
Accepted by: _____

Registration Fees: \$40.00 per student, \$35.00 per additional sibling

**First Reconciliation/First Communion Registration
DEADLINE FOR REGISTRATION IS MAY 31, 2026**

**YOUR CHILD MUST HAVE ATTENDED FIRST GRADE RELIGION CLASS TO REGISTER FOR
FIRST COMMUNION**

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Gender: M F Place of Birth: _____

School Attending **2026-2027** : _____

Did your child attend 1st Grade CCD: _____ If so where: _____

Parishioner of St Joseph Yes No, we are parishioners of _____

**Children registered in another church parish must have a letter of permission signed from their pastor
to attend St. Joseph's CCD program.**

SACRAMENTAL INFORMATION

Church of Baptism: _____ City/State _____

Date of Baptism: _____ **(COPY OF BAPTISM CERTIFICATE IS REQUIRED)**

PARENT INFORMATION:

Mother's Last Name: _____ Mother's First Name: _____

Mother's Maiden Name: _____ Mother's Cell Phone: _____

Father's Last Name: _____ Father's First Name _____

Father's Cell Phone: _____ **Primary Email Address** _____

Mailing Address: _____

Child resides with: Both Parents Mother Father Other

Names of siblings in CCD program, if any: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Cell Phone: _____ Relationship _____

Does this student have a medical condition: _____

Does this student have allergies: _____

Does this student have a learning disability or special needs: _____

CLASSES ARE ON MONDAYS

PLEASE CHOOSE YOUR PREFERRED TIME

4:30PM

5:45PM

There are only ten openings per class. Openings will be filled on a first come first serve basis.

FIRST COMMUNION ABSENCES

Students preparing for First Communion must attend all classes. Candidates missing more than two days must provide a doctor's excuse to the director at the following meeting. If your child has more than two unexcused absences, he/she may not be allowed to complete the sacrament and the parent and child will be required to meet with the pastor to discuss this matter. If a parent does not schedule a meeting to meet with the pastor, the child will be required to wait to make First Communion the following year.

**A MANDATORY ORIENTATION MEETING WILL BE HELD FOR PARENTS OF FIRST COMMUNION CHILDREN
ONE PARENT OR GUARDIAN MUST BE PRESENT AT THIS MEETING.**

STEWARDSHIP

***Volunteers are a significant part of our programs. If you are interested in volunteering for this ministry, please contact:
Erin Dowd at 337-856-0800 or dowdstjoe@gmail.com***

Would you be interested in Volunteer opportunities? Yes No If yes: ☐Teacher ☐Substitute

Are you Safe Environment Certified: Yes No

SAFE ENVIRONMENT SESSION

In the pastoral effort to respond to a heightened need for the protection of our children, the Diocese of Lafayette has developed "A Safe Environment for the Protection of Children and Young People" program. As part of this program, all children in grades K through 12 in our Religious Education (CCD) Programs will be participating in an education session relating to child abuse and prevention. By registering your child in our religion program parents are automatically giving consent for their child to take part in this safe environment session.

PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM FOR MINORS (UNDER 18 YEARS OF AGE)

I, _____, parent/guardian of _____, hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, Acadiana Catholic, and/or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to the aforementioned minor child and/or use his/her photograph, voice, video images, and other media relating to said minor child in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

DROP-OFF/PICK-UP

For the safety of all students in the religion program, I understand that my child must be dropped off and picked up in the car line unless prior approval is obtained. I will notify all persons picking up my child of this policy. I understand that if I do not comply with this policy I may be dismissed from the program.

By signing below I am verifying that I have read the above statements.

SIGNATURE/DATE: _____

PRINTED NAME/PHONE: _____

NO FAXED OR EMAILED REGISTRATION ALLOWED

Registration can be dropped off at office or mailed WITH PAYMENT before May 31, 2026 to:

St. Joseph Church

P.O. Box 299

Milton, LA 70558