

**\*\*Office Use ONLY\*\***

☐ \$50/Family      ☐ Cash  
☐ \$50/Sacramental Preparation  
☐ Check \_\_\_\_\_  
Date Received \_\_\_\_\_ Initial \_\_\_\_\_

## FAMILY INFORMATION

Family Name \_\_\_\_\_ Home Parish \_\_\_\_\_

Preferred Mass: St Ignatius: ☐ Saturday 5pm    ☐ Sunday 8am    ☐ Sunday 11:30am  
☐ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Father's Name \_\_\_\_\_ Catholic ☐ Yes ☐ No  
(First-Middle-Last)

Mother's Name \_\_\_\_\_ Catholic ☐ Yes ☐ No  
(First-Middle-Maiden-Last)

### Primary Contact Information

☐ Father    ☐ Mother    ☐ Other

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Secondary Contact Information

☐ Father    ☐ Mother    ☐ Other

Phone \_\_\_\_\_

Email \_\_\_\_\_

## CHILD 1

Name \_\_\_\_\_ ☐ Male ☐ Female  
(First-Middle-Last)

Birthdate \_\_\_\_\_ Grade (as of 9/1/25) \_\_\_\_\_ School \_\_\_\_\_  
Month/Day/Year

List allergies, current medications, or other pertinent information: \_\_\_\_\_

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2<sup>nd</sup> grade): ☐

## CHILD 2

Name \_\_\_\_\_ ☐ Male ☐ Female  
(First-Middle-Last)

Birthdate \_\_\_\_\_ Grade (as of 9/1/25) \_\_\_\_\_ School \_\_\_\_\_  
Month/Day/Year

List allergies, current medications, or other pertinent information: \_\_\_\_\_

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2<sup>nd</sup> grade): ☐

CHILD 3

Name _____ <small>(First-Middle-Last)</small>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthdate _____ <small>Month/Day/Year</small>	Grade (as of 9/1/25) _____	School _____
List allergies, current medications, or other pertinent information: _____ _____		
Check for Non-Traditional Sacramental Preparation (did <u>not</u> receive Reconciliation/Eucharist in 2 <sup>nd</sup> grade): <input type="checkbox"/>		

CHILD 4

Name _____ <small>(First-Middle-Last)</small>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthdate _____ <small>Month/Day/Year</small>	Grade (as of 9/1/25) _____	School _____
List allergies, current medications, or other pertinent information: _____ _____		
Check for Non-Traditional Sacramental Preparation (did <u>not</u> receive Reconciliation/Eucharist in 2 <sup>nd</sup> grade): <input type="checkbox"/>		

CHILD 5

Name _____ <small>(First-Middle-Last)</small>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthdate _____ <small>Month/Day/Year</small>	Grade (as of 9/1/25) _____	School _____
List allergies, current medications, or other pertinent information: _____ _____		
Check for Non-Traditional Sacramental Preparation (did <u>not</u> receive Reconciliation/Eucharist in 2 <sup>nd</sup> grade): <input type="checkbox"/>		

## PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of programs.

As parent/guardian, I \_\_\_\_\_ DO GIVE \_\_\_\_\_ DO NOT GIVE permission for my child(ren) to be photographed during this program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PLEASE RETURN FORM TO PARISH OFFICE OR EMAIL TO:**

[youth@stiggys.org](mailto:youth@stiggys.org)