Sacred Heart Faith Formation and Family Registration Form 2023-2024

Date	Registered by	Is this a new	v family registration? (Y/N)	Parish ID Number
The re	egistration fee is \$40 per person	or a family maximum of \$100. Sch	olarships available upon reques	t.
Family Last Name	Address	City & Zip Code	Phone Number	
Father's First Name	Cell phone	Work Phone	E-mail Address	
Mother's First Name	Cell phone	Work Phone	E-mail Address	
the PAFF/catechist will call the input of medical perso	l the parent/guardian numbers a nnel, transport and authorize tre	bove and then the emergency num	bers listed below. If there is no r By signing this form, I assume all	ured during a Faith Formation program, response, the PAFF/catechist will, with expenses for moving and treating my ng physician.
Signature of parent/guardi	ian		Date	
Please provided 2 Emerger	ncy Contacts (other than parents	or guardians):		
1.) Name			Phone	
Nume			i none	

Name

All information will be kept strictly confidential.

Revised April 2023

2.)

Phone

HEADS OF HOUSEHOLD

Mother	First Name	Middle Init	Married Las	t Name	Maiden Na	me	Gend	er Occupation	
1									
Mother	Date of Birth (Mo/Day/Yr)	Language(s) S	Spoken	Religion	Baptized? Y /N	1st Comm? Y /N	Confirm? Y / N	Marital Status S M W D	Married in Catholic Church? Y / N
1									

Father	First Name	Middle Init	Married Last	Name			Geno	ler Occupatio	n
1									
Father	Date of Birth (Mo/Day/Yr)	Language(s) S	poken	Religion	Baptized? Y /N	1st Comm? Y /N	Confirm? Y / N	Marital Status S M W D	Married in Catholic Church? Y / N
1									

Do you want offering envelopes? Y N

Are you interested in online giving? Y N

Photo Permission: I give permission to photograph my family and our work for parish use, including on the internet. I give my permission for my child(ren) to do classes or class work online (video/audio platforms).

I would like to help with one or more of the many Parish ministries, please call me.

Sacramental Preparation Policy, Programs and Sessions 2023-2024 OCIA (Order of Christian Initiation of Adults)

For further questions please contact the RCIA Coordinator @ 360- 491-0890 ext 104.

The Order of Christian Initiation of Adults & Children (OCIA) is the process through which interested adults and high school youth are gradually introduced to the Roman Catholic Faith and way of life. Children 7 years of age or older who were not baptized as infants are initiated through an adapted process of this Rite, children baptized in other Christian denominations, seeking to enter into full Communion are also considered ideal candidates for this process. The OCIA is also a venue for adults that were baptized as infants, but did not receive any further Faith Formation.

The OCIA is a continuous, open, and gentle year round process. The OCIA process is a period of reflection, prayer, instruction, discernment, and formation.

There is no set timetable and the people in the process are encouraged to take as much time as they need. Those who enter the process are expected to begin attending Holy Mass on Sundays, attend a weekly OCIA session, attend all rites and retreats associated with the process, and to become increasingly more involved in the activities of the parish. To fully enroll in OCIA, an initial interview must be scheduled with the Coordinator for OCIA @ 360-491-0890 ext. 104. Please visit us @ www.sacredheartlacey.com.

OCIA (Order of Christian Initiation of Adults & Children):

- 1. Adult and Children/Youth OCIA Inquiry, Sundays: 9:00 AM 10:00 AM
- 2. Children and Youth OCIA, Sundays: 9:00 AM 11:00 AM
- 3. Adult Spanish OCIA, Sundays: 12:00 PM 1:30 PM
- 4. Adult OCIA, Wednesdays: 6:00 PM 7:30 PM

Please contact the OCIA Coordinator (360-491-0890 ext. 104) to schedule an interview and receive additional information.

STUDENTS

OCIA (Order of Christian Initiation of Adults)

	Last	First	Middle	M / F	Birthdate	Age	2023-2024 Grade	Baptized? Y or N	Received 1st Communion? Y or N	Confirmed Y or N	# of years of religious ed. AFTER kinder- garten
1.)											
2.)											
3.)											
4.)											

Child:	List allergies or medical conditions:	Does the child have special needs?

OFFICE USE

STUDENT	PROGRAM/SESSION