

# Star of the Sea First Reconciliation & First Eucharist Registration

Please complete all sections, digitally sign and confirm online payment.  
Sacrament registration are separate forms. Please see the parish website.

\* Required

1. I would like to participate in Sacramental Preparation: \*  
*Mark only one oval.*

- in person  
 at home

## Child's Information

Please complete separate registration for each Candidate

2. Child's Name: First Middle Last \*

\_\_\_\_\_

3. Date of Birth: \*

Example: *January 7, 2019*

\_\_\_\_\_

4. Age \*  
*Mark only one oval.*

- 6  
 7  
 8  
 other

5. Date of Baptism \*

Example: *January 7, 2019*

\_\_\_\_\_

6. Name and Address of Church where Baptized \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Adult / Parent Information

7. Home Address \*

\_\_\_\_\_

8. Father's Name

\_\_\_\_\_

9. Father's email address

\_\_\_\_\_

10. Father's cell phone number

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11. Father's Religion

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12. Mother's Name

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13. Mother's email address

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14. Mother's cell phone number

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15. Mother's Religion

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**Communication**

Please be advised that Flocknote will be used for email and text communication to parents/guardians.

16. Communication Preference \*

*Mark only one oval.*

email

phone

text

other

17. Communication to: \*

*Mark only one oval.*

Mother

Father

Both

18. Do both parents reside in the home? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

19. If no, student resides with:

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20. Do any of the students have special needs? \*

*Mark only one oval.*

Yes

No

21. If yes, how can we be of assistance

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**Release Forms**

Event information

Type of Event:

Destination:

Individual in Charge:

Transportation:

Dates of Trips:

See information for  
each event to be given  
out separately

22. Student's Name(s): \*

\_\_\_\_\_

23. Parent/Guardian' Name \*

\_\_\_\_\_

24. Address: \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Phone number: \*

\_\_\_\_\_

26. Emergency Contact (other than parent/self) \*

\_\_\_\_\_

27. Emergency contact number (other than parent/self) \*

\_\_\_\_\_

28. Emergency contact relationship to student \*

\_\_\_\_\_

29. Does your child/children/self have allergies? \*

*Mark only one oval.*

Yes

No

Other

30. If yes or other, please list allergens

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Is your child taking any medications? please list details (adults do not need to answer, type N/A) \*

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32. Is there any other physical or emotional condition of which we need to be aware? please explain: \*

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**Liability Release:**

As parent/guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Star of the Sea, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Church

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the case of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

33. Response to above release: \*

- agree
- disagree

**Photo Release:**

I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian.

34. Response to above release: \*

- yes
- No

**Covid - 19 Release**

- Your temperature is under 100.4 degrees.
- In the past two (2) weeks, you HAVE NOT presented symptoms of COVID-19, such as a fever, chills, sore throat, cough, shortness of breath, muscle pain, loss of taste or smell, nausea, vomiting, or diarrhea, with no alternative diagnosis.
- In the past two (2) weeks, you HAVE NOT traveled internationally.
- In the past two (2) weeks, you HAVE NOT been exposed - less than six (6) feet for greater than 15 minutes - to anyone who has tested positive for or exhibits symptoms of COVID-19 (with no alternative diagnosis), without wearing the appropriate Personal Protective Equipment (PPE) as defined by the Centers for Disease Control and Prevention.

35. I agree that each class I will assess my family's health. All questions must be answered "no" for them to attend class. \*

Mark only one oval.

- agree
- disagree
- at home participant

36. Signature.\*

Important  
Dates:

First Reconciliation and First Eucharist Parent ONLY Information Night  
Monday November 2  
6:15 – 7:30pm in the Worship Space (children attending Religious Ed. will go to class as usual this evening)

First Reconciliation Parent ONLY Class  
Sunday November 15  
2:00 – 4:00pm in Crawford Hall

First Reconciliation Parent AND Child Class  
Monday January 11  
6:15 – 7:30pm

Sacrament of First Reconciliation will be celebrated on the following dates: You will sign up for one of the following dates for your child to celebrate First Reconciliation. These dates are Mondays during the regular Religious Ed class time. If your child attends Religious Education classes (he/she does not attend Catholic School) he/she will celebrate the Sacrament of Reconciliation on one of these days and will attend class on the other days.

January 25  
February 1  
February 8  
6:15 – 8:00pm in the Worship Space

First Eucharist Parent ONLY Class  
Sunday February 21  
2:00 – 4:00pm in Crawford Hall

First Eucharist Parent AND Child Class  
Monday March 22  
6:15 – 7:30pm

First Eucharist Rehearsal  
Monday April 19  
6:15 – 8:00pm in the Worship Space

Sacrament of First Eucharist will be celebrated the following weekend:  
Once your registration form and baptism certificate have been submitted, email the Coordinator of Religious Education, Nancy Liette ([nancy@staroftheseaparish.com](mailto:nancy@staroftheseaparish.com)), with your first and second choice for which mass you would like your child to receive First Eucharist.

Apr 24 - 5pm  
Apr 25 - 8am, 10am, & 12noon

**Sacrament Requirements:**

**Sacrament Preparation Requirements**

“Children’s preparation for the first reception of the Eucharist begins in the home. The family has the most important role in communicating the Christian and human values that form the foundation for a child’s understanding of the Eucharist. Children who participate with their family in the Mass experience the Eucharistic mystery in an initial way and gradually learn to join with the liturgical assembly in prayer.” - United States Conference of Catholic Bishops

Religious Education: Child must attend weekly Religious Education classes (registration for Grades K-5 is available on the parish website) or be enrolled in a Catholic School.

Parent and Child Sacrament Preparation Classes: In addition to the Religious Education stated above, there are Sacrament Preparation classes. There will be one Parent only class for each sacrament. One parent must attend these classes. There will be one Parent and Child class for each sacrament. One parent and the child must attend these classes.

Sacrament Request Form: Submit this form (available on the parish website) to the office along with a copy of the Baptismal Certificate. Sacrament material costs are \$35 per child.

Parish Registration: At least one parent of the child receiving the Sacraments must be registered at Star of the Sea Church. Registration forms are available on the parish website.

37. I have read and agree with above Sacrament Requirements: \*

Mark only one oval.

agree

Other: \_\_\_\_\_

38. Sacrament verification: A copy of the child's Baptism Certificate must be emailed to: [nancy@staroftheseaparish.com](mailto:nancy@staroftheseaparish.com)\*

*Mark only one oval.*  
 agree

Please mail payment and registration form to:

Star of the Sea Church  
1404 Pacific Avenue  
Virginia Beach, VA 23451

Fees: First Reconciliation & First Eucharist fee: \$35