

St. Francis of Assisi ~JTC **(Journey to Catholicism)**

The JTC program is for:

- 1) **Non-Catholic children** who are being instructed in our faith and have expressed a desire to become a member of the Catholic Church.
- 2) **Catholic children**, who for whatever reason did not celebrate the Sacrament(s) of Reconciliation, First Communion, and/or Confirmation at the traditional time.

If you wish to enroll your child in the JTC program, the following is required:

- **Complete the Sacrament Registration Form**
- **Baptismal Certificate** - If your child has been baptized in the Catholic Church or baptized in another faith, a copy of the baptism certificate or proof of Baptism is required.
- **Letter of Permission** - If your family is registered at any Catholic Church other than St. Francis of Assisi, your child needs a Letter of Permission from the Pastor of your church to receive their Sacrament with their SFA School class. The Permission Letter must also be attached to the registration form when turned in.
- **Attend Parent Meetings** - Parents who have children in this program are required to attend sacramental parent meetings that pertain to your child's sacrament(s). You will receive a calendar with the dates of the meetings you are to attend. The meetings are held in the St. Francis of Assisi Church Parish Life Center. Child care is provided. (**NOTE:** Parents who will be in the Adult JTC Program at St. Francis Church are exempt from this requirement.)

For more information to see if your child should be in the JTC Program, please call Terry Harvey, Director of Religious Education at 756-1213.

Important Dates for JTC

April

4 th (Wed)	Practice for Easter Vigil	7:00 pm St. Francis Church Sanctuary
7 th (Sat)	Easter Vigil	7:00 pm St. Francis Church Sanctuary

St. Francis of Assisi Catholic School ~ 2011-2012 Sacrament Registration

2nd Grade Administrative Fee ~ \$25.00

8th Grade Administrative Fee ~ \$50.00

For 2nd and 8th graders - copy of Baptismal Certificate is required

**If members of another parish, please attach a letter of permission from your pastor giving permission for your child to receive their sacrament with St. Francis of Assisi*

Student Info

Last Name: _____

Today's Date: _____

First Name: _____

Age (as of 9/30/11): _____

Middle: _____

Grade entering Fall 2011: _____

Suffix: _____

Birth Date: _____

Gender: _____

Birth Place: _____

Birth Father (First/Middle/Last):

Birth Mother (First/Middle/Maiden):

Birth Father's Religion: _____

Birth Mother's Religion: _____

Family Info

Father/Guardian/StepFather (circle one) : _____

Mother/Guardian/StepMother (circle one) : _____

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Street Address: _____

City/State/Zip _____

Home Phone: _____

* **EMAIL:** _____

* **Please use BEST email address that is monitored often.**

Marital Status: Married ___ Separated ___ Divorced ___

Student Resides with: Both Parents ___ Mother ___ Father ___ Guardian ___

Parish Where Registered: _____

Family Members in Journey to Catholicism (JTC)? Yes ___ No ___

If Yes, Name and Relationship _____

Grade level of Religious Education student has completed (Circle Each):

3 yr 4 yr 5K 1 2 3 4 5 6 7 8 9 10 11

OVER ~

SACRAMENTS RECEIVED:

Baptism Baptismal Name : _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

1st Communion Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

Confirmation Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

2nd and 8th Grade ONLY I desire that my child receive the Sacrament(s) of Baptism, First Reconciliation, First Eucharist or Confirmation with the parish of St. Francis of Assisi. I will adhere to the norms and requirements of both my child and myself that are necessary for the reception of this sacrament. *Copy of Baptismal Certificate is required (if baptized).

Sacrament(s) being Received: _____

Does Student have any serious or chronic medical condition? Yes ____ No ____
If yes, please explain specifically: _____
Is Student taking any medications? If yes, please list: _____

I authorize the St. Francis Staff to summon emergency medical treatment in the event my child becomes seriously ill or injured, and I further release St. Francis Staff and the Diocese of Memphis from any and all liability and waive any claims against them in regard to any accident or injury by participation in any activities of a St. Francis of Assisi program.

Office Use:
Date Paid:

Check #:

Amount:

Signature of Parent/Guardian:

Date: _____