

St. Justin Martyr Parish

3898 Highway #7 East, Unionville, Ontario L3R 1L3

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Rite of Christian Initiation of Children (RCIC) Registration Form

Child's Name (as in Birth Certificate):

Please print clearly

(First Name)

(Middle Name)

(Last Name)

Date of Birth:

(Day)

(Month)

(Year)

Place of Birth:

(City)

(Province)

(Country)

School:

Grade:

| FATHER | | MOTHER |
|--|------------------------------|--|
| | First Name | |
| | Last Name | Maiden Name: |
| | Address | If different from father: |
| | Contact Phone # | |
| | Email Address | |
| | Religion | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you baptized? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Year of baptism | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Is this your first marriage? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Where were you married? | | |
| (Name of Church if applicable) | (Denomination) | (Province/Country) |
| | | (Year of Marriage) |
| GODFATHER (Roman Catholic) | | GODMOTHER (Roman Catholic) |
| | Name | |

My child requires the following sacraments:

Baptism* ☐ First Confession ☐ First Communion ☐

Confirmation (Grade 7 and above) ☐

Height for robe rental (ft/inches) _____

Sponsor Name: _____

(*If your child does not require baptism, a copy of the child's baptismal certificate must be provided.)

Suggested donation: \$100.00

Office Use: Received by _____ Cash/Cheque \$ _____ Cheque # _____

Getting to Know Your Child

Yes No

- ☐ ☐ Does your child have allergies? If you answered "yes", please complete the following section:

| Allergen & Symptoms Experienced | Reaction when the allergen is: | | | |
|---------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| | In the Room | Touched | Eaten | Life-threatening? |
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ ☐ Does your child carry or wear an Epi-pen or antihistamine at all times? Where is it located?

- ☐ ☐ Does your son or daughter have any other medical conditions that might impact his/her well-being during the classes? If "yes", kindly elaborate:

- ☐ ☐ Does your child have a different first name he/she prefers to be called?

- ☐ ☐ Is your child able to read, write, and understand spoken English at or near his/her grade level? If "no", what language is he/she comfortable communicating in?

- ☐ ☐ Is there anything else you'd like to share about your son or daughter that might help us better care for him/her or support learning? If the space provided to answer any of these questions is insufficient, please continue on a separate page.

PARENT / GUARDIAN CONSENT

Yes ☐ **No** ☐ I allow the St. Justin Martyr Parish RCIC volunteers to contact me via my email address(es) and phone number(s) for the purpose of providing regular lesson summaries, reminders, notification of class cancellations, etc.,

I give permission for my son/daughter to participate in the St. Justin Martyr Parish RCIC/Sacramental Preparation Program and assure that he/she will comply with all the rules, instructions, and guidelines. I authorize the St. Justin Martyr Parish staff and volunteers to act for me in an emergency requiring medical attention. I also give permission for photographs of my child to be used for RCIC publicity. I waive and release St. Justin Martyr Parish and all its staff and volunteers from liability for any injury incurred by my child while attending RCIC classes whether online, in-person, or off-site.

PLEASE PRINT YOUR FULL NAME

SIGNATURE

DATE