

**St. Julia Catholic Church, Siler City, NC**  
**Faith Formation Registration Form 2025-2026**  
**Communion/Reconciliation Program-First Year, Tuesdays, 6:00-7:30 PM**

First Communion students must turn in **Original Baptism Certificate** with the registration form and **\$80 fee**.  
 First Communion Class is a two-year program. First year is for 7- to 11-year-olds (2<sup>nd</sup> to 6<sup>th</sup> grade).

\*\*\*\*\*  
**Student's Name :** \_\_\_\_\_  
First Middle Last  
**Sex:** \_\_\_\_\_ (M/F) **Date of Birth:** \_\_\_\_\_ (MM/DD/YYYY) **Grade Level (as of Sept 1, 2025):** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City Zip

**Student's email address:** \_\_\_\_\_  
**Parent's email address:** \_\_\_\_\_

**Are there any custody/legal issues?**  **Yes**  **No** (If "Yes", please provide a complete copy of the latest court order.)

**Name of Person responsible if not Parent:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

\*\*\*\*\*  
**Do you give permission** for your child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish: \_\_\_\_\_ (Yes/No)

**Student's Medical Conditions/Allergies:** \_\_\_\_\_ **Medications:** \_\_\_\_\_  
**Disability/Learning Support Service:** \_\_\_\_\_

\*\*\*\*\*  
**Emergency Contact Information:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Consent for Medical Care:** I give permission that, in my absence, my child, whose name appears on this registration form, may receive emergency medical care for injuries and all medical situations that should occur while participating in the Faith Formation Program and activities at St. Julia Parish.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ (MM/DD/YYYY) **Relationship to Student:** \_\_\_\_\_

<input type="checkbox"/> <b>Original Birth Certificate Received</b> <input type="checkbox"/> <b>Need Baptism</b>	<input type="checkbox"/> <b>Original Baptism Certificate Received</b>  <b>Office Use Only:</b> Date received _____ By: _____ Amount Paid: \$80 Receipt #: _____
Revised 3/31/25 10:00 AM	