

# RCIA with Children



Rite to Christain Initiation (RCIA) with children is suited for students who are older than second grade and have not yet received the sacraments of Baptism, Reconciliation or Holy Eucharist. Children and parents will participate in an RCIA process that will prepare them for their sacraments.

Candidate Children who have been baptized will be received into the Church, and receive their First Reconciliation in the winter of 2020, and their First Communion at Easter Vigil 2020. Catechumenate Children who are unbaptized will receive Baptism and First Eucharist at Easter Vigil 2020. Students will join the Religious Education Program at their grade level following the process and become prepared for the Sacrament of Confirmation. The parents of these students should contact the religious education office (219-926-1282) for more information. Fees for RCIA with Children year one is \$70 with a \$10 sacrament fee for 1<sup>st</sup> Reconciliation, and \$20 for 1<sup>st</sup> Eucharist.

## RCIA WITH CHILDREN SUNDAY MORNING CLASS SCHEDULE 2019-2020

9:30 – 10:45 A.M. September – November

Class begins with 9 A.M. Mass beginning December - May

September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020
8, 15, 22	6, 13, 20	3, 10, 17	1, 8, 15	12, 19, 26	2, 9, 23	1, 8, 15	19, 26	3, 17

## RCIA with Children

Please print

Child Name \_\_\_\_\_ Grade (in fall '19) \_\_\_\_\_  
Last First Middle Male Female \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ City/St \_\_\_\_\_

**Sacrament Information:**

Baptism Yes \_\_\_ No \_\_\_ Church \_\_\_\_\_  
City State Date

Church Affiliation: *Baptist, Lutheran, Methodist, other* \_\_\_\_\_

*If baptized, please include a copy of your child's Baptism record.*

Godparent Name \_\_\_\_\_  
First Last Church affiliation

Godparent Name \_\_\_\_\_  
First Last Church affiliation

First Reconciliation Yes \_\_\_ No \_\_\_ Church \_\_\_\_\_  
City State Date

Has your child received any Catholic Religious Education? Yes \_\_\_ No \_\_\_

If yes, how many years beginning with Grade 1: \_\_\_\_\_

**Name of Catholic Church where your child's Religious Education took place if not at St. Patrick's Church:**

Church \_\_\_\_\_  
*City State Grade(s) attended*

Church \_\_\_\_\_  
*City State Grade(s) attended*

**Is your child a registered member of St. Patrick Church Community? Yes \_\_\_ No \_\_\_**

**FATHER'S INFORMATION:** Birth/Adopted Parent \_\_\_ Step-Parent \_\_\_ Legal Guardian \_\_\_

\_\_\_\_\_  
Last Name First

\_\_\_\_\_  
Address City & State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Married \_\_\_ Single Parent \_\_\_

Email \_\_\_\_\_

Religion (If Christian, then include faith tradition) \_\_\_\_\_

Baptism: Yes \_\_\_ No \_\_\_ Church Affiliation \_\_\_\_\_

\_\_\_\_\_  
*Church Name City State Date*

**MOTHER'S INFORMATION:** Birth/Adopted Parent \_\_\_ Step-Parent \_\_\_ Legal Guardian \_\_\_

\_\_\_\_\_  
Last Name First Maiden Religion

\_\_\_\_\_  
Address(If different from above) City & State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Married \_\_\_ Single Parent \_\_\_

Email \_\_\_\_\_

Religion (If Christian, then include faith tradition) \_\_\_\_\_

Baptism: Yes \_\_\_ No \_\_\_ Church Affiliation \_\_\_\_\_

\_\_\_\_\_  
*Church Name City State Date*

**EMERGENCY MEDICAL REPORT (2019-2020)**

Child's Last Name, First Name \_\_\_\_\_

Family Last Name (**If different**) \_\_\_\_\_

Address \_\_\_\_\_

Phone where you can be reached \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Email where you would like us to contact you \_\_\_\_\_

In case of emergency and we are unable to reach you, do you wish another person to be called? If so, indicate name, relationship and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency if parents cannot be reached, do you wish us to contact the doctor? If so, please complete this section:

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

If there's any medical information that you think we should be aware, please list details below: (ex: medication, allergies, treatment, physical or mental disabilities, preferential seating due to hearing/vision, etc.)

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

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_