



ST. GREGORY THE GREAT
CATHOLIC CHURCH | VIRGINIA BEACH

OCIA Adapted for Children Registration Form

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

School Attending: _____ Grade: _____ Gender: M ☐ F ☐

Father's First Name: _____ Last Name: _____

Father's Cell #: _____

Mother's First Name: _____ Last Name: _____

Mother's Cell #: _____

Home Address: _____ City: _____ Zip: _____

Family Phone #: _____ Family Email: _____

***Legal Custody Issues** – Are there any custody or legal issues pertaining to guardianship or parental custody for your child? Yes No

***Picture Permission** – We give permission for our child's picture to appear on the parish website, print and electronic bulletin boards, or other publications in relation to events that happen in the parish. Picture and name of child will never be posted together: Yes No

Youth medical concerns: _____

➤ Please select **one**:

☐ **Our child has not been baptized** - Please provide a birth certificate. When ready, your child will receive the Sacraments of Baptism, Confirmation, and Eucharist at the Easter Vigil.

☐ **Our child was baptized in another Christian faith** - Please provide a copy of their baptismal certificate. When ready, your child will make a Profession of Faith in the Catholic Church and receive the Sacraments of Confirmation and Eucharist.

➤ **Please read the following carefully and initial each one to show your understanding and agreement.**

In requesting that our child prepare for the Sacraments of Initiation at Saint Gregory the Great Catholic Church, Virginia Beach:

_____ We acknowledge that we are the primary catechists of our child. We will actively participate in the life of the Church by **attending Sunday Mass weekly**, attending Mass on Holy Days of Obligation, praying and encouraging our family to pray, and learning more about our Catholic faith.

- _____ We understand that a parent is expected to attend all OCIA 4 Kids classes with their child.
- _____ We understand that our child must faithfully attend Faith Formation classes (PREP) if he/she does not attend a Catholic school in addition to the monthly OCIA 4 Kids classes.
- _____ We understand that our child will be expected to participate in the four Rites of the OCIA process with his/her sponsor, one of which is not held at St. Gregory's.
- _____ We understand that our child will be expected to attend a day retreat about two weeks before Easter. A parent or sponsor may be asked to attend as well.
- _____ We understand that the Sacraments of Baptism, Confirmation, and Eucharist must be celebrated at the Easter Vigil Mass (on Holy Saturday).
- _____ We understand that the Profession of Faith, Confirmation and First Communion will take place during the Easter season, but most likely not at the Easter Vigil.
- _____ We understand that if we do not submit relevant paperwork to the office in a timely manner, the reception of the Sacraments may be delayed.
- _____ We understand that the pastor in consultation with the religious education team may recommend delaying reception of the Sacraments.
- _____ We understand that failure to meet **ALL of the above requirements** will result in a delay in our child's reception of the Sacraments.
- _____ We understand that important information regarding OCIA will be relayed via Flocknote. The family email and phone number listed above will be used for this purpose.

Medical Liability Waiver: to be completed by a parent/legal guardian

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the minor named in this registration. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Gregory the Great Catholic Church, the Catholic Diocese of Richmond, its employees and agents, or representatives associated with this event from any claim arising from or in connection with my child attending the program 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, its employees and agents 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. 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 event 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 St. Gregory the Great Catholic Church and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

For office use only:

_____ Birth Certificate turned in _____ Baptismal Certificate turned in

_____ Sponsor form turned in - _____

_____ Godparent form turned in - _____

Confirmation Name: _____