

RCIC Registration

**Rite of Christian Initiation for Children / Youth**



**NAME:** First: \_\_\_\_\_ Last: \_\_\_\_\_ M.I.: \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**(If Baptized, please provide a copy of Baptism Certificate)**

**PARENTS:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special or Medical Needs: \_\_\_\_\_

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Book Supply Fee: **\$20.00** Paid: \_\_\_\_\_ Received: \_\_\_\_\_ Receipt: \_\_\_\_\_

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## RCIC Agreement Form

By signing below I agree to ensure the following conditions are met to help my child successfully complete the RCIC Program.

- ❖ Student will not miss more than 3 RCIC sessions.
- ❖ Student will attend the EDGE Lenten Retreat and preferably the Theology of the Body (TOB) Retreat as well.
- ❖ Student **MUST** attend their Faith Formation for appropriate age level. E.g. Mid-School EDGE.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_