



SAINT ANASTASIA

CATHOLIC CHURCH

First Reconciliation & First Communion Preparation Registration 2025-2026

5205 A1A South, St. Augustine, FL 32080
Email: dre@sacccfl.org / Phone: 904*471*5364

Today's Date: _____

*Student's Full Name: _____
(As appears on Baptismal Cert.) Last First Middle

*Date of Birth: _____ *Gender: ☐ Male ☐ Female

*Name of School 2025-2026: _____ *Grade: _____

*Indicate type of Religious Education Program attended last year [2024-2025]:

_____ Parish Religious Education _____ PREP Home Study _____ Catholic School _____ Catholic Home School

*Indicate Religious Education Program attending for 2025-2026:

_____ Parish Religious Education _____ PREP Home Study _____ Catholic School _____ Catholic Home School

*Baptism (Church Name & Address, City, State): _____

(A copy of your Child's Baptismal certificate required.)

*Parent/Guardian Last Name: _____

*Parent/Guardians' Names: _____
Mother (First Name) Mother (Maiden Last Name)
Father (First Name) Father (Last Name)

*Address: _____
Street City Zip

*Phone Numbers: _____
Mother Father

*Contact Email: _____
Mother Father

*Please list any special situations we should be aware of regarding your child: _____

Program Fees:

☐ 1 child: \$85.00 ☐ 2 children: \$95.00

Credit cards accepted. ☐ Visa ☐ MasterCard

Acct.: _____

Sec. Code: _____

Expiration Date: _____

Scholarships available – Contact Denise Pressley at the Parish Office

For Office Use Only

Baptismal Certificate: _____
Reconciliation Workshop #1: _____
Reconciliation Workshop #2: _____
Reconciliation Retreat: _____
First Reconciliation: _____
Communion Workshop #1: _____
Communion Workshop #2: _____
Communion Retreat/Rehearsal: _____
First Communion: _____

Amount Due: _____
Amount Paid: _____
Date: _____
Check # _____ Cash: _____
Credit Card _____

Please complete both sides of this form



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Preparation Registration 2025-2026

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: St. Anastasia Catholic Church, 5205 A1a S., St. Augustine, FL 32080

Name of Program: Sacramental Preparation for First Reconciliation & First Holy Communion

Dates: October 12, November 9, December 7, 2025 & January 11, February 1, March 8, 2026

The above child is eligible to participate in the above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

.....
Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless St. Anastasia Parish, the Diocese of St. Augustine, Bishop Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____

Date: _____

Please complete both sides of this form



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