



Child's Name: _____

Check One: St. Joseph School _____ PREP _____ Home _____ Private _____

Teacher: _____ Classroom #: _____

(St. Joseph PREP or St. Joseph School teacher)

First Penance/First Communion Packet

Date due to you child's teacher: Week of December 4th

Checklist:

1. _____ Information sheet for Sacrament Register
2. _____ Letter to Child
3. _____ Prayer Support Sheet
4. _____ Photo/Video Policy during Communion Mass
5. _____ \$65.00 for supplies (certificates, DVD, Scapular, etc.)
check payable to: St. Joseph

_____ (if applicable) First Communion Mass Volunteer Form

_____ (if applicable) Visiting Clergy Form

_____ (if applicable) Altar Server Form

_____ (if applicable) Handicap Seating

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Dear Families,

Your Sacrament packet contains very important information and dates for the coming year. Please keep it in a safe location and refer to it often.

This envelope **must be returned** to your child's teacher, along with the five (5) required elements listed above, the **week of December 5, 2010**.

Thank you for all you are doing to prepare your child to receive the Sacraments of Reconciliation and Eucharist.

Monsignor Lynn

Sister Catherine Irene, IHM

Mrs. Kathy Thomas, DRE