



ST. JOHN PAUL II  
SCIOTO CATHOLIC PARISH  
514 MARKET STREET  
PORTSMOUTH, OH 45662  
PHONE: (740) 354-4551

## FIRST COMMUNION ENROLLMENT FORM

Child's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Phone No. \_\_\_\_\_

Mother's Full Name (include **maiden** name) \_\_\_\_\_

Mother's Phone No. \_\_\_\_\_

Parent Email Address \_\_\_\_\_

What is the best way to contact you about your child and any First Communion information (circle one)?

Email address

Cell Phone Call

Cell Phone Text

In case of inclement weather, what is the best way to contact you about First Communion class cancellations (circle one)?

Email address

Cell Phone Call

Cell Phone Text

### BAPTISM INFORMATION

Date of Birth	
City & State of Birth	
Date of Baptism	
Church of Baptism	
Address of Church of Baptism	

Please obtain a copy of the baptismal certificate or other proof of baptism *if not* baptized in one of the Scioto Catholic churches.  
Please submit this copy to the office at St. Mary's by **October 1, 2024.**

### SPECIAL NEEDS

Does this child have any learning or physical needs (food allergies or medical issues)?

If so, please list them below, with specific instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR MEDICAL CARE**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or medical professional; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless opinions of two licensed physicians, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_   
Print Student Name

\_\_\_\_\_   
Print Parent/Guardian Name

\_\_\_\_\_   
Parent/Guardian Signature

\_\_\_\_\_   
Date

OR \_\_\_\_\_ Permission is NOT granted for medical care.

**LIKENESS RELEASE FORM**

I give St. John Paul II Scioto Catholic permission to use my child's photo image or likeness in publications, on the St. John Paul II Scioto Catholic website, and on the St. John Paul II Scioto Catholic Facebook page that will be used for the purpose of informing parishioners about activities of the First Communion class and to promote First Communion class. I understand that my child's name and contact information will never be used in any publication or on any website without separate, explicit written permission. Photo images will not contain identifying information.

\_\_\_\_\_   
Print Student Name

\_\_\_\_\_   
Print Parent/Guardian Name

\_\_\_\_\_   
Parent/Guardian Signature

\_\_\_\_\_   
Date

OR \_\_\_\_\_ Permission is NOT granted to use photos of my child in First Communion class.