

Our Lady of Guadalupe Religious Education  
111 W. Rio Grande St. Taylor, Tx 76574 (512)365-2380 (512)948-8996 email-  
[nsdgred@att.net](mailto:nsdgred@att.net) [www.nsdguadalupe.org](http://www.nsdguadalupe.org)

## Adult Faith Formation Registration Form 2020-2021

Family Name/Appellido \_\_\_\_\_ Church/Iglesia ID# \_\_\_\_\_

**Candidate/Student:Candidato**

FirstName \_\_\_\_\_ Middle \_\_\_\_\_ LastName \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT: Emergencia**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ City \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Subscriber# \_\_\_\_\_

Insurance Phone# \_\_\_\_\_ Group# \_\_\_\_\_

\_\_\_\_\_ Check here if not insured

**List all the Sacraments that have been received:** Copies of any certificate of Sacraments received will need to be provided, along with a Birth Certificate. Check with the REd office to confirm that we have your certificates. (Registration will not be complete without these documents)

*Enumere todos los sacramentos que se han recibido: se deberán proporcionar copias de cualquier certificado de sacramentos recibido, junto con un certificado de nacimiento. Consulte con la oficina de REd para confirmar que tenemos sus certificados. (El registro no estará completo sin estos documentos)*

**Baptism Date:** \_\_\_\_\_ **Have Not Received:** \_\_\_\_\_

Church Name: \_\_\_\_\_

Address City/State: \_\_\_\_\_

Name of God Parent: \_\_\_\_\_

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**First Communion Date:** \_\_\_\_\_ Have Not Received: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address City/State: \_\_\_\_\_

Name of Sponsor, if any \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_ Have Not Received: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address City/State: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

**Date of Matrimony:** \_\_\_\_\_

Church Name: \_\_\_\_\_

Address City/State: \_\_\_\_\_

**Adult Faith Formation: Mark with a check which course you will enroll into**

**RCIA:** For Adults who have never been baptized or have been baptized in another Christian faith that uses a Trinitarian formula for baptism\* and are seeking to come into full communion with the Catholic Church: \_\_\_\_\_

Prior Religious Affiliation: \_\_\_\_\_

**Adult Confirmation:** For Adults (18 years) who have been baptized\* in the Catholic faith and are seeking to receive the sacraments of Holy Communion and/or Confirmation: \_\_\_\_\_

\*Must provide Birth Certificate and Baptismal Certificate

**Formación de fe para adultos: marque con un cheque en qué curso se inscribirá**

**RICA:** Para adultos que nunca se han bautizado o se han bautizado en otra fe cristiana que usa una fórmula trinitaria para el bautismo \* y están buscando entrar en comunión plena con la Iglesia Católica:

Afiliación religiosa previa: \_\_\_\_\_

**Confirmación de adultos:** para adultos (18 años) que han sido bautizados \* en la fe católica y buscan recibir los sacramentos de la Sagrada Comunión y / o Confirmación: \_\_\_\_\_

\* Debe proporcionar certificado de nacimiento y certificado de bautismo

Please comment any additional information that we should know about your faith journey.

*Comente cualquier información adicional que debemos saber sobre su viaje de fe.*

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**MEDICAL CONSENT:** In the event of an emergency, I hereby give permission to the staff of Our Lady of Guadalupe Religious Education department to seek emergency medical transport and/or treatment for myself named on this form. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or health care professional.

**CONSENTIMIENTO MÉDICO:** *en caso de una emergencia, doy permiso al personal del departamento de Educación Religiosa de Nuestra Señora de Guadalupe para buscar transporte médico de emergencia y / o tratamiento para mí mismo nombrado en este formulario. Seré responsable de todos los costos incurridos. Deseo que me avisen antes de que el hospital o el profesional de la salud brinden más atención.*

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**ALLERGIES:** *Alergias* \_\_\_\_\_

\_\_\_\_\_

**Current Medication:** *medicacion actual* \_\_\_\_\_

\_\_\_\_\_

**SPECIAL CONSIDERATIONS:** Does you have any special circumstances that we should be aware of? / **CONSIDERACIONES ESPECIALES:** *¿Tiene usted alguna circunstancia especial que debemos conocer?* \_\_\_\_\_

\_\_\_\_\_

**PHOTO CONSENT:** I give permission to be photographed during activities associated with church sponsored events. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church. I consent to using virtual media for instructional purposes and understand that they may be recorded for instructional use at a later time./ **CONSENTIMIENTO FOTOGRÁFICO:** *Doy permiso para ser fotografiado durante actividades asociadas con eventos patrocinados por la iglesia. Entiendo que dichas fotos / videos pueden usarse para publicidad futura dentro de la parroquia, la diócesis o la Iglesia Católica. Doy mi consentimiento para usar medios virtuales con fines educativos y entiendo que pueden ser grabados para uso educativo en un momento posterior.*

**Signature:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

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**FAITH FORMATION COMMITMENT & AGREEMENT:**

I, \_\_\_\_\_ do hereby give my permission and approval to participate in the Religious Education (REd) Program during the 2020-2021 year with the parish of Our Lady of Guadalupe Church.

I promise to make every effort to attend Mass on Sunday and Holy Days of Obligation. I recognize that this is an essential part of living faith together as a family. I commit to making sure that I attend class regularly and will participate in the activities, events and retreats scheduled.

**COMPROMISO DE FORMACIÓN DE FE Y ACUERDO:**

Yo, \_\_\_\_\_ doy mi permiso y aprobación para participar en el Programa de Educación Religiosa (REd) durante el año 2020-2021 con la parroquia de la Iglesia de Nuestra Señora de Guadalupe.

*Prometo hacer todo lo posible para asistir a misa el domingo y los días santos de obligación. Reconozco que esta es una parte esencial de vivir la fe juntos como familia. Me comprometo a asegurarme de asistir a clase regularmente y participar en las actividades, eventos y retiros programados.*

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

FOR OFFICE USE ONLY	
<b>PARISH OFFICE RECEIVED DATE:</b>	<b>STAFF INITIALS:</b>
CERTIFICATES	BAPTISM _____ COMMUNION _____ CONFIRMATION _____
PAID REGISTRATION FEE IF DID NOT PARTICIPATE IN FESTIVAL OR BFEST:	\$
CANDIDATE WILL ENROLL IN THE FOLLOWING CLASS: RCIA Adult Confirmation	CLASS DAY:
EIM COMPLIANT DATE:	