

# REGISTRATION FORM FOR CONFIRMATION PREPARATION 2017-2018

**Please remit copy of baptismal certificate with this form!**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Father's Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Student's Cell \_\_\_\_\_ Student's Email \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who is Catholic? (circle one): Mom Dad Both

**Sponsor's Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Medical & Emergency Information:** Please indicate here if the candidate has any medical, learning, or behavioral issues we should be aware of (in case we need to adapt to a particular need) or any food allergies that we should be aware of as meals are served as part of the confirmation program.

In case of an emergency, whom should we contact, other than parent(s)?

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

*In the event of a medical emergency & I cannot be reached, I authorize emergency treatment to be administered to any child(ren) listed on this form:* Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## **Photo & Name Release – Parent Authorization, Consent and Release:**

*The undersigned parent/guardian hereby authorizes and consents that the Church/Faith Formation Program of St. Pius X be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child(ren), \_\_\_\_\_, or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent guardian does hereby release the Church/Faith Formation Department of the undersigned parent/guardian does hereby release the Church/Faith Formation Program of St. Pius X from any liability in connection with such use.*

*The undersigned parent/guardian acknowledges having read the release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information:** Confirmation Program Fee - **\$75.00**

Recorded in the computer:

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_