

Nativity of the Blessed Virgin Mary Parish  
2018-2019 Confirmation Registration

All sacramental preparation programs require TWO years of preparation!

Are you registering your child for **Confirmation 1 or 2**? Please select one.

Our 1<sup>st</sup> Yr sessions meet on Sundays at 0845 or 1045 or Wednesdays at 6 pm. Please select one.

Our 2<sup>nd</sup> Yr Session meets on **Sunday from 10:45 –1:30 *including Mass***

We need copies of your child's Birth and Baptismal Certificates to complete the registration

Contact us at: [deaconmichael@n-bvm.org](mailto:deaconmichael@n-bvm.org) or [ftwiss@n-bvm.org](mailto:ftwiss@n-bvm.org)

**Candidate Information**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(Where correspondence should be mailed)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_ What grade will your child be in the fall? \_\_\_\_\_

What extracurricular activities are you involved in? \_\_\_\_\_

Do you want your child enrolled in a special needs class? \_\_\_\_\_

Name of Parish/school where you received religious instruction in 2017/2018 \_\_\_\_\_

Are you registered at another parish? \_\_\_\_\_ If so, do you have permission to attend Nativity? \_\_\_\_\_

Is this a divorced or separated household? YES \_\_\_\_\_ NO \_\_\_\_\_

**Has your child received their Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Please check all that apply**

**Family Information**

Father's name: \_\_\_\_\_ **PRIMARY** language \_\_\_\_\_

What is your e-mail address? (This is very important) \_\_\_\_\_

What is your Cell phone number? \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

What Christian denomination do you practice? \_\_\_\_\_

What sacraments have YOU received? Baptism \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Are you the primary contact for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

Mother's name: \_\_\_\_\_ **PRIMARY** language \_\_\_\_\_

What is your e-mail address? (This is very important) \_\_\_\_\_

What is your Cell phone number? \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

What Christian denomination do you practice? \_\_\_\_\_

What sacraments have YOU received? Baptism \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Are you the primary contact for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

***Don't forget to fill out the next two pages and submit all documents to the faith formation office!***

## **PARENT COMMITMENT**

Choose how you as a parent would like to help us. Your checking a box does not commit you. We will contact you throughout the year as opportunities arise.

- Chaperone/Volunteer/Driver – Drive for Saturday Service Events. Help and welcome youth during any group gatherings throughout the year.
- Small Group Leader – Facilitate discussion and foster community whenever classes meet in small groups throughout the year. Small group leaders are good active listeners, sincere in their faith and have a great sense of humor.
- Snack Master – Provide snacks and other materials as needed throughout the year to enhance the learning opportunities of your children.

## **BAPTISMAL INFORMATION**

Date of child's baptism: \_\_\_\_\_ Church: \_\_\_\_\_  
City: \_\_\_\_\_ State/Country: \_\_\_\_\_

If baptized at a church other than Nativity of the Blessed Virgin Mary, please list full mailing address of the parish where the child was baptized, and attach a copy of baptismal certificate to the completed registration.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **SPONSOR INFORMATION**

In order for teens to thrive and develop confidence in their Catholic faith, they need to be understood, to belong, to be safe, to engage their critical thinking and to be guided. Ask your teen now to list 2-3 young or older adults who are confirmed in the faith, whom they look up to and whom they think would make a great mentor in the faith. Then ask them to pray over their decision as to whom they would like as their sponsor for the sacrament of confirmation. They may also choose their baptismal godparents if they would like them to be their sponsors. We would like them to provide that name or names to us as soon as possible, so we can begin the process of them completing their signed affidavit.

## **PARENTAL PERMISSIONS**

Indemnity agreement (Please check all three boxes to affirm you agree with these statements.)

- As parent and/or legal guardian of the above named, I remain legally responsible for any personal actions taken by the above named minor.
- I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend Nativity of the Blessed Virgin Mary Roman Catholic Parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection to any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones or representative associated with the event for reasonable attorney's fees and expenses which it may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.
- I hereby authorize the supervisor of the activity or his/her designee to act on my behalf to authorize medical attention, surgery or other health care services as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

## MEDICAL RELEASE

My child possesses the following medical conditions, allergies (food related, environmental, etc.) or health concerns. If there are none, write "none."

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I hereby authorize the supervisor of the activity or his/her designee to administer in an emergency situation the following medication to my child according to the instructions provided. List name of medication and directions for administering. If the medication is prescribed by a doctor, the prescription must be in its original container and will be provided to the supervisor of the activity. Please describe all medical conditions, allergies (food related, environmental, etc.) and/or other health concerns. If there are no known medical conditions, write "none."

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Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Emergency contact\*\*: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Insurance: \_\_\_\_\_

\*\* (Not living at home) in the event we cannot reach you.

## PUBLICATION/WEBSITE/MEDIA PERMISSION

We live in an age of easy photography and video. Properly used, these can be great tools for our youth ministry efforts to connect with the young people in our care. To do our best to ensure their safety while still communicating the warmth, family, fellowship, fun and community, the below asks for your permission to photograph and make use of photos taken of your child.

Check the boxes to acknowledge reading them:

- I understand that in granting permission for publication of my child's photo on the parish website or the "People of God," the photo will be available to the general public.
- I understand in the event I object to any particular picture posted of my child on the website and notify the webmaster to remove it, the photo will be removed as soon as possible. Publication of these photos on digital media may include first names for identification purposes unless I check the box below that I do not give permission for my child's name to be used.

With the above understood (Choose from the following):

- I grant permission for Nativity of the Blessed Virgin Mary Church to publish photos of my child on the parish website, parish bulletin and "People of God" magazine as described above.
- I grant permission of use, but please DO NOT include my child's name with their photo on websites/media.
- I DO NOT grant permission for images of my child to be used on the parish website/media.
- I grant permission for my child to be contacted directly by phone/text/e-mail by their catechist or the faith formation office. Please provide child's number and/or e-mail \_\_\_\_\_

Please address any questions you may have regarding our program to the faith formation office.

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