

Saint Joseph Parish
Sacrament of Confirmation Preparation Registration Packet

Candidate Information:

Full Name (First, Middle, Last): _____

Date of Birth: _____ School: _____ Grade: _____

Street Address: _____ City: _____ Zip: _____

Previous Religious Education		
Grades	Name of Parish/School	City, State

Sacrament Records - *Please provide information regarding reception into the Catholic church by baptism or profession of faith. If baptized at another church, please submit a copy of the Baptismal Certificate.

Date of Baptism: _____ Church (Ascription): _____

Church Address: _____

Date of First Eucharist: _____ Church: _____

Parents/Legal Guardian Information

Father/Guardian Name: _____ Email: _____

Street Address: _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion (Ascription): _____

Mother/Guardian Name: _____ Maiden: _____

Street Address: _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion (Ascription): _____

Email: _____

Is the family registered at St. Joseph Parish? Yes No If no, where registered? _____
(CONTINUE ON OTHER SIDE)



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We could use some help! Please consider signing up as a table leader. You will help keep candidates on task on assist the PCL with sessions.

_____ **Yes! I would like to help as a table leader for all confirmation sessions.**

_____ **I can help for a few session these months**_____

_____ **I have read the Saint Joseph Sacramental Preparation Policies, as presented in the Sacrament of Confirmation Preparation Handbook. I understand all policies and procedures and have gone over them with my child(ren). I understand and agree that myself and my child(ren) will abide by all of these policies and procedures. The Handbook is available online and in this Registration Packet.**

Parent(s) and/or Guardian Signature

Date

Please return this form and registration fee of \$50.00 to:
St. Joseph Parish, Confirmation Registration, 215 Falls Ave, Cuyahoga Fall, Ohio 4422

OFFICE USE ONLY: _____Photo Release _____Emergency Medical Form

____Candidate Commitment ____Letter of Intent _____Confirmation Survey ____Baptismal Certificate

\$_____Amount Due _____/_____/_____Date Received _____Check# _____Cash



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PHOTO RELEASE AUTHORIZATION
Part I or II must be completed

Part I

I (We) the parent(s) and/or guardian(s) of my minor child _____, age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish Confirmation Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor. The Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Saint Joseph Parish and may be used by Saint Joseph Parish Confirmation Program for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) and/or Guardian Signature

Date

PART II

REFUSAL TO CONSENT FOR PHOTO RELEASE AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my minor child _____, age _____, do not hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish Confirmation Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

Parent(s) and/or Guardian Signature

Date



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ST. JOSEPH PARISH EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone Number: _____

Please indicate if your child has any of the following:

1) Allergies (please list): _____

2) Medications* (please list): _____

3) Inhalers* (please list): _____

4) Other medical concerns or conditions to which medical personnel should be alerted?

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give my permission for Saint Joseph Parish Staff, an adult representative of the Saint Joseph Parish Confirmation program to seek medical attention and treatments deemed necessary for my child/ children in the event parents and emergency contact cannot be reached.

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 the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian for Grant to Consent

Date

PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Parish authorities to take the following action:

Signature of Parent/Guardian for Refusal to Consent

Date

