Saint Joseph Parish
Sacrament of Confirmation Preparation Registration Packet

<u>Candidate Information;</u>

Full Name (First, Middle, Last):_____

Date of Birth:_____ School:_____Grade:_____

Street Address:_____City:_____Zip:_____

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

<u>Sacrament Records</u> - *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:_____

<u>Parents/Legal Guardian Information</u>

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)

_____ I have read the Saint Joseph Sacramental Preparation Polices, 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**

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