



HOLY NAME of JESUS PARISH

6220 LaSalle Place • New Orleans, LA 70118-6236
504.865.7430 • FAX: 504.866.3391 • website:hnjchurch.org

Office Use Only

CONFIRMATION PREPARATION

Geographic Church Parish _____ Registered Parish _____

Student Name _____ Home Phone _____

Street Address _____ ZIP _____

School Attending _____ **Grade in 2019-2020** _____

Date of Birth _____

Mother's Name _____
First Maiden Last

Religion _____ E-Mail Address _____

Occupation _____ Phone No. _____

Father's Name _____
First Middle Last

Religion _____ E-Mail Address _____

Occupation _____ Phone No. _____

Parents' Marital Status _____ Student lives with _____

Any important notes or information regarding your child that the catechists and coordinator should know (i.e. allergies, medical conditions) (All responses are **strictly confidential**):

Religious Education

If not attending Catholic High School, have you attended High School Catechism for two years?

If transferring from another Parish Religious Education Program, please include a record or a letter from the previous Parish.

Sacramental Record

Exact Name given at Baptism: _____

Baptism Date: _____ Baptismal Church Name: _____
located in City _____ State _____

First Eucharist Date: _____ Church Name: _____
Located in _____, State: _____

Attach a copy of Baptismal and First Holy Communion Certificate if you received both sacraments in parish other than Holy Name (Holy Name Archive includes records of St. Thomas More –Tulane; St. Ignatius Chapel-Loyola and Shrine of Our Lady of Prompt Succor).

For additional information please contact Patricia Mathes, cre@hnjchurch.org or at (504) 865-7430 x206 or (504) 615-0882

Completed registration form with remittance is mailed or delivered to the Holy Name of Jesus Parish Center. Checks should be made payable to: **Holy Name of Jesus Church**, with word **Confirmation** on memo line.

Fee for Confirmation Preparation which covers all Materials and Retreat is \$65.00.

Emergency Authorization: State law requires that we have written authorization from a child’s legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this page will provide us with that authorization. Our policy, in the event of a medical emergency is to contact you first. If we cannot contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child.

I, the undersigned, agree and understand that Holy Name of Jesus Church, St. Rita Catholic Church or the Archdiocese of New Orleans or the employees, agents, and associates thereof, are not responsible for any accidents or injuries that my child(ren) may sustain arising out of their participation in the activities. I assume all risks associated with this activity and I, and anyone entitled to act on my behalf, release Holy Name of Jesus Church, St. Rita Catholic Church and the Archdiocese of New Orleans from all claims whatsoever which may arise from this activity.

Signature of Parent/Guardian

Printed Name

Date

PHOTOGRAPH/VIDEO/VOICE RELEASE FORM

I realize that photographs, videos, written extractions, and voice recordings of students may be taken during various activities for the purpose of illustrations, publications, and websites. **I hereby authorize and give full consent** to Holy Name of Jesus Church and/or St. Rita Catholic Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while he/she is enrolled as a participant at the Holy Name of Jesus/St. Rita Parishes' School of Religion

Name of child _____ Grade _____

Parent/or Guardian Name: _____

Signature: _____ Date: _____

OR

I do not give my consent to Holy Name of Jesus Church and St. Rita Catholic Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while he/ she is enrolled as a participant at Holy Name of Jesus /St. Rita Parishes' School of Religion.

Name of child _____ Grade _____

Signature: _____ Date: _____

If this signed release is not received back with registration we shall assume that you do authorize and give full consent to Holy Name of Jesus and St. Rita Parishes' School of Religion to publish and copyright all photographs, videos, written extractions, and voice recordings in which your child appears while he/she is enrolled as a participant at Holy Name of Jesus and St. Rita Parishes' School of Religion