

# Confirmation Preparation Registration Form 2018 - 2019

(The cost for Confirmation for the 2018 - 2019 year is \$135.00)

## STUDENT INFORMATION

\_\_\_\_\_  
Student's Full Name (as it appears on Birth Certificate)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Student's Grade (2018-19 School Year)

So that we can best serve your child, please list any known conditions that we should be made aware of (i.e. **Learning Disabilities, Allergies, Dietary Restrictions, Medications taken, Medical, Physical, Emotional, Behavioral, etc.**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT INFORMATION

\_\_\_\_\_  
Father's Full Name (as it appears on **FATHER'S** Birth Certificate)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

•

\_\_\_\_\_  
Father's Cell Phone #

\_\_\_\_\_  
Father's Work Phone #

\_\_\_\_\_  
Mother's Full Name (as it appears on **MOTHER'S** Birth Certificate)

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\_\_\_\_\_  
Mother's Cell Phone #

\_\_\_\_\_  
Mother's Work Phone #

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

**(If Divorced) Legal Custody**

**Mother**

**Father**

**Joint**

**N/A**

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Emergency Contact (First & Last)

\_\_\_\_\_  
Relation to Parents

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

**STUDENT SACRAMENTAL INFORMATION**

\_\_\_\_\_  
Name of Church of Baptism

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Church of Baptism Phone #

\_\_\_\_\_  
Church of Baptism Fax #

\_\_\_\_\_  
Name of Church of First Holy Communion

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Church of First Holy Communion Phone #

\_\_\_\_\_  
Church of First Holy Communion Fax #

\_\_\_\_\_  
Student's Age/Grade

**ACTIVITY RELEASE AND MEDICAL TREATMENT WAIVER**

We, the parent(s)/legal guardian(s) do hereby give our permission for our child to attend Confirmation Preparation classes and to be treated for a medical emergency in our absence while participating in the program. The adult supervisor may act as an agent in our absence. In case of accident, we do not hold the Diocese of Palm Beach, St. Anastasia Catholic Church, its staff, or the adult/teen catechists/chaperones responsible for accident or injury. We understand that all cost incurred will be our (parent or legal guardian) responsibility. We also understand that if our child breaks any of the program rules, the proper authorities will be contacted and we (the parent or legal guardian) will be notified of all actions taken and/or to immediately to pick up our child from the premises.

\_\_\_\_\_  
Father/Legal Guardian Printed Name

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian Printed Name

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

## SPONSOR INFORMATION

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Name of Sponsor

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Street Address

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City

State

Zip

Country

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Phone #

Email

**I \_\_\_\_\_, understand that it is my responsibility to contact my child's sponsor and have him/her complete the Sponsor Form on the St. Anastasia Church Website. All Sponsor Forms must be turned in on or before September 28, 2017.**