

## CONFIRMATION REGISTRATION FORM

### Catholic & Public School Students, Confirmation Year I & II

*(You must register each year.)*

**\*REGISTRATION DEADLINE – MONDAY, SEPTEMBER 10<sup>th</sup>** - If you miss the deadline or the parent meeting, please setup a meeting with DeNeise Thomson. You can call (361) 244-0929 or email [deneisethomson@gmail.com](mailto:deneisethomson@gmail.com).

\*The fee for Confirmation I & II is \$20.

\*Please turn in this completed form & \$20 fee by **MONDAY, SEPTEMBER 10<sup>th</sup>** with a copy of your child's baptism certificate with Notations. (Copies only!!)

\*Mark your calendar for **MONDAY, SEPTEMBER 10<sup>th</sup>** from 7-8 p.m. for a parent meeting in the Parish Hall. (*Parents ONLY*). Your son or daughter cannot attend class unless you turn in all of the required forms and a parent attends this important meeting.

*(Please Print.)*

My teen will be attending: **Confirmation I (Freshmen)**  **Confirmation II (Sophomores)**  *(Please check one.)*

Home Parish:\*

*(\*If your family is registered at a different parish, a signed letter of permission from your Pastor and permission from Msgr. Roger is required in order for your teen to attend Confirmation Classes at St. Patrick's.)*

**Participant's Full Name:** \_\_\_\_\_ *(As it is on Birth Certificate)*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Teen's Cell: \_\_\_\_\_

Teen's Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Disabilities? Learning Disabilities? Allergies? \_\_\_\_\_

Medications Taken Regularly: \_\_\_\_\_

If necessary, may your teen be given Tylenol or Advil?  Yes  No

**Check the Saturday/Sunday Mass your family regularly attends:**

5:30 p.m. (Sat.)  8:00 a.m.  10:30 a.m.  12:15 p.m.  6:00 p.m.

**SACRAMENTS RECEIVED**

**Baptism**

**Communion**

List any jobs, groups, teams or other extracurricular activities that your teen is involved with during the school year:

### PARENTAL AUTHORIZATION

I give permission for my child to take part in the St. Patrick Confirmation Class activities *on and off church grounds*. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Diocese of Corpus Christi and St. Patrick Church, its agents, employees, officers, chaperones, leaders, organizers, sponsors, and persons transporting our child to and from these activities. Neither the Diocese of Corpus Christi nor St. Patrick Church nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered. I also give permission to St. Patrick Youth Ministry/Church to post appropriate photos of my child in the website, social media, promotional flyers and in the bulletin.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_