

SPC CATECHESIS CONFIRMATION ONLY REGISTRATION

PRINT CLEARLY

CHILD'S LAST NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY, ZIP: _____

CELL PHONE (MOM): _____

CELL PHONE (DAD): _____

FATHER'S WORK #: _____

MOTHER'S WORK #: _____

E-MAIL (Prefer only ONE email address):

MOM's _____

DAD's _____

FOR OFFICE USE ONLY

DATE: _____

GC/CASH/CHECK: _____

AMT OWED: _____

SAC FEE PAID: _____

LATE FEE PAID: _____

BALANCE: _____

CONF FILE _____ CC _____

We have been active members of St. Paul of the Cross for at least the past two years

YES NO

1. CHILD'S Formal 1st NAME: _____ MALE FEMALE

GRADE AT CONFIRMATION: _____ SCHOOL ATTENDING: _____

BIRTH DATE: _____ ALLERGY / DISABILITY / MED COND: _____

CHURCH OF BAPTISM: St. Paul of the Cross Other _____ Roman Catholic YES NO

RECEIVED: BAPTISM RECONCILIATION COMMUNION

2. CHILD'S Formal 1st NAME: _____ MALE FEMALE

GRADE AT CONFIRMATION: _____ SCHOOL ATTENDING: _____

BIRTH DATE: _____ ALLERGY / DISABILITY / MED COND: _____

CHURCH OF BAPTISM: St. Paul of the Cross Other _____ Roman Catholic YES NO

RECEIVED: BAPTISM RECONCILIATION COMMUNION

I understand that my child must complete St. Paul's Confirmation Requirements: Service, Saint Paper/Research Worksheet, Interview Requirements and either attend our Confirmation Retreat or provide us with information on what Confirmation Retreat they did attend – all by our deadlines and pay the Sacrament Fee at the time of registering for Confirmation.

**AUTHORIZATION FOR
Emails / Medical Treatment / Photo Use Agreement**

- (1) I agree to allow the Office for Catechesis to use the email(s) listed on this Registration Form in order to communicate information. Please Note: These emails will **never** be sold nor given to anyone outside of the Parish by the Office for Catechesis.
- (2) As a parent / legal guardian I authorize the treatment of my minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency which may endanger the child(ren)'s life, cause physical disability or undue discomfort. This consent is granted only after a reasonable effort has been made to reach me and my emergency contact.

Emergency Contact: _____

Relationship: _____

Phone #: _____

- (3) I authorize the release of my child(ren)'s photograph(s) only, taken in context of Catechesis events for inclusion solely in the parish bulletin or other parish and/or Catechesis publications and websites.

SIGNATURE OF PARENT OR LEGAL GUARDIAN **DATE**