

Confirmation 2021 Registration Form

Registration Fee: \$125 / Register by Jan 31, 2021

Pay by check payable to "Saint Brigid" or pay online at www.saintbrigid.org/confirmation



STUDENT INFORMATION please print clearly today's date _____

Student Name: _____ Male ___ Female ___
First Middle Last

Goes by (for nametag): _____ Birth Date: _____ City/State of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

School: _____ Current Grade _____ Height _____ T-shirt size: S M L XL XXL

CHOOSE YOUR CLASS TIME 5 Spring classes in March/Apr. In person classes limited to 30 students in Corbett Hall

___ In person: Sunday 3:30-5:00pm ___ In person: Wednesday 6-7:30pm
 ___ Virtual (Zoom): Monday 6:00-7:00pm ___ Independent Study at your own pace

CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 9am-1pm

___ Week 1, June 14-17 ___ Week 2, June 21-24

CONTACT INFORMATION

Email communication is very important as ALL information, assignments, reminders, etc. will be sent by email (and occasionally text). Please provide 1 or 2 email addresses that you will consistently monitor.

Primary E-mail _____

Secondary E-mail _____

Best Phone to receive texts _____

RECORD OF BAPTISM AND FIRST COMMUNION

Was student baptized at St. Brigid? ___ Yes ___ No

If not, list Name, City, State of Church of Baptism _____

Did student receive 1st Communion at St. Brigid? ___ Yes ___ No

If not, list Name, City, State of Church of 1st Communion _____

**Note: If First Communion was NOT received at Saint Brigid, you must provide copies of their Baptism Certificate and First Communion Certificate (please attach, or let us know that they have been requested)*

Religious Education History check the grades when student attended

PSR / CCD program ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

Catholic School ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

FOR OFFICE USE:

FEE RECEIVED: _____ CK # _____ CASH _____ ONLINE | SACRAMENTS? ___ ON FILE ___ ATTACHED ___ REQUESTED

MEDICAL INFORMATION

Food or Drug Allergies: _____

Other health problems / limitations we need to be aware of? _____

Emergency Medical Treatment: In the event of an emergency I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital.

X _____

Parent Signature

Date

Emergency contact, if we are unable to reach a parent:

Emergency Contact _____ Phone: _____ Relationship: _____

PARENT INFORMATION

Father's Name: _____ Phone _____ Religion _____
First Middle Last

Mother's Name: _____ Phone _____ Religion _____
First Middle Last

Mother's Maiden Name _____ Student Lives With: _____

PARISHIONER VALIDATION

Are you a registered parishioner of Saint Brigid Catholic Church? Yes _____ No _____

If not, what is your Home Parish? _____ Is letter of permission attached? _____

A letter from the pastor of your home parish is required to give permission for Confirmation at another parish.

PROMISE TO PARTICIPATE AT WEEKLY MASS (in person if possible, virtual if needed)

Both Parent and Student should initial agreement

_____ **Parent's Promise:** I accept the responsibility of ensuring my child attends weekly Mass.

_____ **Student's Promise:** I understand that my participation at weekly Mass is required.

POLICY OF THE ARCHDIOCESE OF ATLANTA CONCERNING THE PROTECTION OF CHILDREN

_____ My child has permission to view the archdiocesan training (30 min video) during a regularly scheduled Confirmation class **-or-**

_____ I decline permission for my child to view the archdiocesan training, and my child will be given an alternate activity during this lesson. I understand that as the primary educator of my child the Church requests that I certify that I have provided such training in the family.

X _____

Parent Signature

Date

PHOTO / MEDIA RELEASE

_____ I give permission for individual photos to be placed on a password protected website, such as a website for purchase of Confirmation photos, and group photos on the St. Brigid website or bulletin.

_____ I give permission for St. Brigid to contact my child via social media, email, text, and/or parish approved online/virtual platforms. (Parents will also be copied on all communications)

X _____

Parent Signature

Date