

# Confirmation 2022 Registration Form

Registration Fee: \$125 / Register by Jan 31, 2022

Pay by check payable to "Saint Brigid" or pay online at [www.saintbrigid.org/confirmation](http://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 6 Spring classes in March/April/May

\_\_\_\_\_ Sunday 3:00-6:00pm (includes 5:00 Mass)      \_\_\_\_\_ Wednesday 6:00-7:30pm

## CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 9am-3pm

\_\_\_\_\_ Week 1, June 13-16      \_\_\_\_\_ Week 2, June 20-23

## 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.*

Parent Primary E-mail \_\_\_\_\_

Parent Secondary E-mail (optional) \_\_\_\_\_

Student E-mail \_\_\_\_\_

Parent cell phone to receive communicaitons \_\_\_\_\_

## 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 1<sup>st</sup> Communion at St. Brigid?\*    \_\_\_ Yes    \_\_\_ No

If not, list Name, City, State of Church of 1<sup>st</sup> 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