Confirmation 2024 Registration Form

Registration Fee: \$150 / Register by Jan 28, 2024

Pay by check payable to "Saint Brigid" online at <u>www.saintbrigid.org/confirmation</u>



STUDENT INFORMATION please print clearly today's date								
Student Name:	Middle	Last	Male	Female				
Goes by (for nametag):	Birth Date:	City/State of	Birth:					
Street Address:	Ci	ty:	State: _	Zip:				
School:	Current Grad	de Heigh	Ī	_ (for robe sizing)				
CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 9am-3pm								
Week 1, June 10-13Week 2, July 8-11								
CONTACT INFORMATION Communication will be exclusively through emails	il. <u>ALL</u> class information	on etc. will be sent	by email. F	Provide 1 or 2				
email addresses that you <u>consistently monitor</u> .								
Parent Primary E-mail								
Parent Secondary E-mail (optional)								
Student E-mail								
Parent cell phone (phone calls/texting is used	d for individual situat	ions)						
RECORD OF BAPTISM AND FIRST COM	MUNION							
Was student baptized at St. Brigid?	YesNo							
If not, list Name, City, State of Church of Bapt								
Did student receive 1st Communion at St. Bri		No						
If not, list Name, City, State of Church of 1st C *Note: If First Communion was NOT received			y of the st	tudent's Baptism				
Certificate and First Communion Certificate	(please attach)	•	,					
RELIGIOUS EDUCATION HISTORY chec	ck the grades when st	tudent attended						
PSR or CCD programK12			=					
Catholic SchoolK12	345 .	67	.8					
FOR OFFICE USE:								
FEE RECEIVED CK#CASHONLINE	SACRAMENTS C	ON FILE ATTACH	IED F	REQUESTED				

Father's Name:					
				Phone	Religion
	First	Middle			
Mother's Name:	First	Middle	Last	Phone	Religion
Mother's Maiden Name				Student Lives With:	
EMERGENCY CON					
Emergency Contact:		nable to reach	a parent, pleas	e contact:	
Emergency contact _					_
Phone #		Relat	ion to participa	ant	
MEDICAL INFORM Medical / Hospital Ins		rier			
Name of Policy Holde	er		Re	elation to participan	t
Policy Number			Group N	umber	
Signature of Parent /	Guardian _			Date	
Medications : My chil				D	
Description				_	
Description				_ Dosage	
Food or Drug Allergie	s:				
Other health problem	ns or limitat	ions we should	be aware of:		
In the event of an em	wish to be a	,		• •	hospital for emergency or and hospital.
medical attention. I v					
				 Date	
medical attention. I v X Parent Signature					
medical attention. I v X Parent Signature EMERGENCY CONTAC	T Other thar	n parent, if we are	unable to reach a	a parent:	ationship:
medical attention. I v X Parent Signature EMERGENCY CONTAC Emergency Contact	T Other than	n parent, if we are	unable to reach a	a parent: Rel	ationship:lic Church? Yes No
Medical attention. I v X Parent Signature EMERGENCY CONTACT Emergency Contact PARISHIONER VALIDA	T Other than	n parent, if we are	unable to reach a Phone: d parishioner o	a parent: Rel f Saint Brigid Cathol	ic Church? Yes No
Medical attention. I v X Parent Signature EMERGENCY CONTACT Emergency Contact PARISHIONER VALIDA If not, what is your ho	T Other than ATION Are youngers ome Parish?	n parent, if we are	unable to reach a Phone: d parishioner o	a parent:Rel f Saint Brigid CatholIs letter of perm	