Confirmation 2025 Registration Form

Registration Fee: \$150 / Register by Jan 26, 2025



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:			Male Female					
Goes by (for nametag):	Birth Date:	City	//State of Birth:					
Street Address:		City:	State:	Zip:				
School:	Current	Grade	_ Height	_ (for robe sizing)				
CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 8:45am-3pm								
Week 1, June 23-26Week 2, July 14-18								
CONTACT INFORMATION								
Communication will be exclusively through e email addresses that you <u>consistently monite</u>		nation etc. wil	l be sent by email. I	Provide 1 or 2				
Parent Primary E-mail								
Parent Secondary E-mail (optional)								
Student E-mail								
Parent cell phone (phone calls/texting is used for individual situations)								
RECORD OF BAPTISM AND FIRST COMMUNION								
Was student baptized at St. Brigid?YesNo								
If not, list Name, City, State of Church of Baptism								
Did student receive 1 st Communion at St. Brigid? *YesNo								
If not, list Name, City, State of Church of 1 st Communion								
*Note: If First Communion was NOT received at Saint Brigid, you must_include a copy of the student's Baptism Certificate and First Communion Certificate (please attach)								
RELIGIOUS EDUCATION HISTORY <i>c</i>	hecks the grades wh	nen student a	ttended					
PSR or CCD programK12345678								
Catholic SchoolK12	34	56	_78					
For Office Use:								
FEE RECEIVED CK #CASHONLINE _	SACRAMEN	TS ON FILE	Attached	REQUESTED				

PARENT INFORM	ATION							
Father's Name:				Phone	Religion			
Mathar's Name	First	Middle	Last	Dhono	Polizion			
Mother's Name:	First	Middle	Last		Religion			
Mother's Maiden Nan	ne			Student Lives With:				
EMERGENCY CONTACT Other than parent, if we are unable to reach a parent:								
Emergency Contact _			Phone:	Rel	ationship:			
MEDICAL INFORMATION Medical / Hospital Insurance Carrier								
Name of Policy Hold	er		Re	_ Relation to participant				
Policy Number			_ Group Nu	Number				
Signature of Parent / Guardian Date								
Medications: My child is taking the following medication(s): Description Dosage								
	ription Dosage							
EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM								
I hereby grant permission for non-prescription medications to be given, if deemed appropriate. (initial)								
Food or Drug Allergi	es:							
Food or Drug Allergies:								
Other health problems or limitations we should be aware of:								
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.								
Parent Signature				Date				
PARISHIONER VALIE	ATION Are yo	u a registered	parishioner o	of Saint Brigid Catholi	ic Church? YesNo			
					ission attached? r Confirmation at St Brigid.			
PHOTO / MEDIA RELEASE I give permission for group photos on the St. Brigid website or bulletin.								
I give permis	sion for St. Bri		-		nation. (Parents will also be			
X Parent Signature				Date				