

# Confirmation 2026 Registration Form

Registration Fee: \$150 / Register by Jan 25, 2026

Pay by check payable to "Saint Brigid" or online at [www.saintbrigid.org/confirmation](http://www.saintbrigid.org/confirmation)



## STUDENT INFORMATION

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 \_\_\_\_\_ (for robe sizing)

## CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 8:45am-3pm

\_\_\_\_\_ Week 1, June 8-11

\_\_\_\_\_ Week 2, July 13-16

## CONTACT INFORMATION - Communication will be exclusively through email

**ALL class information etc. will be sent by email. Provide 1 or 2 email addresses that you consistently monitor.**

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

Secondary E-mail \_\_\_\_\_

## 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 \_\_\_\_\_

**If First Communion was NOT received at Saint Brigid, you must include a copy of the student's Baptism Certificate and First Communion Certificate**

## RELIGIOUS EDUCATION HISTORY checks the grades when student attended

PSR or 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 \_\_\_\_\_

## PARENT INFORMATION

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Student Lives With: \_\_\_\_\_

## EMERGENCY CONTACT *Other than parent, if we are unable to reach a parent:*

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## MEDICAL INFORMATION

**Medications:** *My child is taking the following medication(s)*

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Drug allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

Other allergies / reactions (plants, insects, etc.) \_\_\_\_\_

List any health concerns/ limitations that we need to be aware of \_\_\_\_\_

I grant permission for non-prescription medications to be given, if deemed appropriate. \_\_\_\_ Yes \_\_\_\_ No

Medical / Hospital Insurance Carrier \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

## 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. If you are unable to reach me, contact the emergency contact as stated above.
- If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

## PARISHIONER VALIDATION

Are you a registered parishioner of Saint Brigid? \_\_\_\_ Yes \_\_\_\_ No

If not, what is your home Parish? \_\_\_\_\_ Letter of permission attached? \_\_\_\_\_

***If registered at another parish, a letter from your Pastor is required to give permission for Confirmation at St Brigid.***

## PHOTO / MEDIA RELEASE

\_\_\_\_\_ I give permission for group photos on the St. Brigid website or bulletin.

X \_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**