

**Saint Mary Church
Huntley, IL 60142
Confirmation Ministry Office
847-669-5612 ext. 2 Sallen@stmaryhuntley.org**

ST. MARY'S CONFIRMATION PROGRAM

Registration 2010 – 2011

Please return this form to the Confirmation Office or the Parish Office

GRADE IN FALL 2010 _____ (please circle one) **Confirmation Prep I** **Confirmation Prep II**
(Prerequisite for Prep II)

FAMILY NAME _____

STUDENT NAME GIVEN (LAST) _____ (FIRST) _____ (MIDDLE) _____

(HOW DOES STUDENT LIKE TO BE ADDRESSED) _____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE (_____) _____

DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

PARENT/GUARDIAN INFORMATION

NAME: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO CHILD: _____

WORK PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

RELIGION: _____

RELIGION: _____

REGISTERED AT ST. MARY? **Y** **N** If no please register in the main office

***Parent E-Mail Address (PLEASE PRINT LEGIBLY)**

***This e-mail will be used to communicate important information on a regular basis with parents throughout the year.**

EMERGENCY CONTACT OTHER THAN PARENT:

NAME: _____ RELATIONSHIP _____

PHONE NUMBER: _____

EMERGENCY INFORMATION

I hereby give permission for my child _____ to participate in the Confirmation Program. I hereby release and indemnify St. Mary's Parish, their staff and volunteers, and the Catholic Bishop of Rockford, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I also grant permission for the administration of first aid to my child by those people in charge of this event and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent / guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery, if deemed necessary for my child.

Parent/Guardian Signature _____ **Parent/Guardian Signature** _____

TURN THE FORM OVER AND COMPLETE THE BACK PAGE

STUDENT INFORMATION FORM

SACRAMENTS RECEIVED: If any of these sacraments were not received please notify the Confirmation office so that arrangements can be made to make them up.

SACRAMENT	Received Sacrament (Yes/No)	PARISH	CITY/STATE
BAPTISM			
RECONCILIATION			
1 ST COMMUNION			

If not Baptized at St. Mary, Huntley you must provide a certified copy of your Baptismal Certificate. Please turn this in on the first night of class, September 12, 2010.

MEDICAL INFORMATION
ANY INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

ALLERGIES:

FOOD: _____ MEDICATION: _____

OTHER: _____

SPECIAL LEARNING NEEDS:

ILLNESSES:

____ ATTENTION DEFICIT DISORDER:

____ ASTHMA

____ LEARNING DISABILITY:

____ SEIZURES

____ HEARING/VISION LIMITATIONS:

____ OTHER

____ OTHER:

PLEASE EXPLAIN ANY CHECKED ABOVE:

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF? Y N

IF YES, PLEASE LIST: _____

VIDEOTAPING AND STILL PHOTOGRAPHS

Video and still photographs may be taken during this program. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the St. Mary's bulletin, St. Mary's website, and The Observer diocesan newspaper.

Parent/ Guardian Signature: _____

OFFICE USE ONLY

Tuition Paid: _____ **Check #** _____ **Date:** _____ **Amount:** _____

Baptismal Certificate _____ **(Prep 2 Only) Service Project** _____

Confirmation Name _____ **Sponsor's name** _____