

St. Patrick Parish – Confirmation Registration Form 2017-2018

Emergency Contact and Medical Information Student

Student Name: Last First Middle

Sex: M F

Birthdate: Month Date Year

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone Work Phone

Home Phone Work Phone

Address

Address

City, ST Zip Code

City, ST Zip Code

Student E-mail

Parent E-mail

Alternate Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Relationship to Student

Relationship to Student

Phone Number(s)

Phone Number(s)

Address

Address

City ST Zip Code

City ST Zip Code

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Concerns

Medications

St Patrick Parish – Confirmation Registration Form 2017-2018

I give permission for my child to participate in the sacrament of Confirmation preparation sessions/activities, scheduled events of preparation, and retreat(s) sponsored by St. Patrick Parish.

I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any preparation sessions/activities, scheduled events, and retreat(s), and/or medical costs.

I understand that while participating in these preparation sessions/activities, scheduled events, and retreat(s), my child must follow the instructions and directions provided by the adult personnel and that he/she must abide by the code of conduct policies.

I understand that my child's failure to follow instructions, directions and/or the code of conduct may result in his/her immediate expulsion from the session/activity, event, retreat, or Confirmation Program.

Photos and/or videos will be taken throughout the 2017-2018 session/activities, events, and retreat(s). Should you not want your child photographed or recorded, you must notify St. Patrick in writing, 1357 NE 42nd Terrace, KCMO 64116.

I hereby give permission for any and all medical attention to be administered to my child in the event of an accident, injury, sickness, etcetera, under the direction of the event coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

OFFICE USE ONLY

Confirmation Registration Fee: \$125

Amount PAID _____ CASH _____ CHECK# _____ Date _____

Sacrament Record Information for:

Name of Student Preparing for Confirmation

Date of Baptism _____

Name of Church _____

Address: _____

Date of First Eucharist _____

Name of Church _____

Address: _____

NOTE: If sacraments were performed at St. Patrick's we will not need you to provide this information.



The Diocese of
Kansas City - St. Joseph

Parental or Guardian
Permission for
Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means.

Parents and guardians will be copied into all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

➤ **Diocesan Ministry, Organization, Parish or School Completes**

(Ministry / Parish / School / Organization) communicates via:

(This section must be completed by diocesan ministry, organization, parish or school.)

◇ cellular number _____

◇ email address _____

◇ social networking site(s) _____

Facebook Page: St. Patrick Catholic Church Youth Ministry

➤ **Parent or Guardian Completes**

◇ **You MAY NOT contact my children directly. (Sign and return).**

◇ **You MAY contact my children directly. (Sign, complete all sections and return).**

Name (parent / guardian) _____

of minor children _____

Contact with my children is permissible via the following methods:

◇ phone call / voice message to this telephone number _____

◇ SMS / text message to this telephone number _____

◇ social networking site sponsored by group named _____

◇ email at this address _____

Signature _____ **Date** _____