

**ST. BRIDGET SACRAMENTAL REGISTRATION FORM
CONFIRMATION**

PLEASE PRINT ALL INFORMATION CLEARLY

FULL NAME OF STUDENT AS IT APPEARS ON THE BAPTISMAL CERTIFICATE

Last: _____ First: _____ Middle: _____

Current Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____

E:mail (this will be our main form of communication) _____

School Student Attends: _____ Date of Birth: _____ Age: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Father's Full Name: _____

Date of Student's Baptism: _____

Church of Student's Baptism: _____

City: _____ State: _____ Zip: _____

Church of the Student's First Reconciliation: _____

Church of the Student's First Eucharist: _____

Confirmation Sponsor's Full Name: _____

Saint's Name you have chosen for Confirmation: _____

Are you a registered member of St. Bridget Parish; that is have you filled out a census form?

Yes _____ No _____

If the student was not baptized at St. Bridget, we need a copy of student's Baptismal Certificate *before* your student may receive a sacrament.

EMERGENCY CONTACT:

NAME _____ ADDRESS _____

PHONE NUMBER _____ RELATIONSHIP TO STUDENT _____

YOUTH PERMISSION FORM

I hereby give permission for my child (fill in child's name) _____
to participate in St. Bridget's Religious Education Program from Sunday September 25,
2016 through Sunday, May 14, 2016. I hereby release and indemnify the Diocese of
Rockford, St. Bridget Catholic Church, the Religious Education Program and their staff and
volunteers from liability arising from claims of any kind or nature whatsoever from my
child's participation in this event.

In the event that the undersigned cannot be reached and in the judgment of the responsible
adult/s accompanying the group, there is a necessity for immediate medical examination
and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain
medical services as are deemed necessary for my child.

YES ___ NO ___ I grant permission for the adult chaperone for this event to administer
non- prescription drugs as needed for my teen (aspirin, ibuprofen,
antacids, etc.)

I understand that for all Diocesan activities there is a zero tolerance policy for any mood
altering chemicals (including alcohol and illegal drugs), foul language, threats or any type
of abuse and inappropriate physical contact. I agree to follow this policy.

I understand that photography of Religious Education, events, and participants may be
used by the Diocese of Rockford and parish without further permission.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____