Saint Anastasia
CATHOLIC CHURCH
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Confirmation Preparation Registration Form 2021 - 2022

(The cost for Confirmation for the 2021 – 2022 year is $135.00)

STUDENT INFORMATION

____ ____________

Student's Full Name (**as it appears on Birth Certificate**) Date of Birth

_______________________________________ _________________________

School Attending Student's Grade (2021-22 School Year)

So that we can best serve your child, please list any known conditions that we should be made aware of (i.e. **Learning Disabilities, Allergies, Dietary Restrictions, Medications taken, Medical, Physical, Emotional, Behavioral**, etc.)

____

____

PARENT INFORMATION

____

Father's Full Name (as it appears on **FATHER'S** Birth Certificate)

____

Home Address

_________________________ ____________ __________________________

City Zip Email

- ______________________________ ____________________________

  Father's Cell Phone # Father's Work Phone #

____

Mother's Full Name (as it appears on **MOTHER'S** Birth Certificate)

- ______________________________ ____________________________

  Mother's Cell Phone # Mother's Work Phone #

____

Home Address

_________________________ ____________ __________________________

City Zip Email

(If Divorced) Legal Custody Mother Father Joint N/A

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EMERGENCY CONTACT INFORMATION

Emergency Contact (First & Last) ____________________ Relation to Parents ____________________

Cell Phone # ____________ Home Phone # ____________ Work Phone # ____________

STUDENT SACRAMENTAL INFORMATION

Name of Church of Baptism ____________________

Street Address ____________________

City ____________ State ____________ Zip ____________ Country ____________

Church of Baptism Phone # ____________ Church of Baptism Fax # ____________

Name of Church of First Holy Communion ____________________

Street Address ____________________

City ____________ State ____________ Zip ____________ Country ____________

Church of First Holy Communion Phone # ____________ Church of First Holy Communion Fax # ____________

Student's Age/Grade ____________

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ACTIVITY RELEASE AND MEDICAL TREATMENT WAIVER

We, the parent(s)/legal guardian(s) do hereby give our permission for our child to attend Confirmation Preparation classes and to be treated for a medical emergency in our absence while participating in the program. The adult supervisor may act as an agent in our absence. In case of accident, we do not hold the Diocese of Palm Beach, St. Anastasia Catholic Church, its staff, or the adult/teen catechists/chaperones responsible for accident or injury. We understand that all cost incurred will be our (parent or legal guardian) responsibility. We also understand that if our child breaks any of the program rules, the proper authorities will be contacted and we (the parent or legal guardian) will be notified of all actions taken and/or to immediately to pick up our child from the premises.

____

Father/Legal Guardian Printed Name

____ _______________

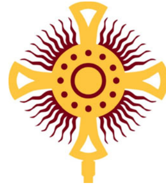
Father/Legal Guardian Signature Date

____

Mother/Legal Guardian Printed Name

____ _______________

Mother/Legal Guardian Signature Date



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SPONSOR INFROMATION

____
Name of Sponsor

____
Street Address

________________ ________ ________ ________
City State Zip Country

____________________ ____________________
Phone # Email

I ______________________, understand that it is my responsibility to contact my child's sponsor and have him/her complete the Sponsor Form on the St. Anastasia Church Website. All Sponsor Forms must be turned in on or before October 29, 2021.

Diocesan Authorization for Medication Form

Date: ____________________________________

Student Name: ____
(Please print)

It is necessary that medication be given as follows:

Name of medication: ____
(Brand Name; also, Medication Name as it appears on container (if generic equivalent)

Prescription No.: ____

Color, if applicable: ____

Please circle form of medication:

☐ Tablet ☐ Pill ☐ Capsule ☐ Inhalation ☐ Liquid ☐ Other/Specify ________

Dosage:____
(Amount to be given)

How often/What time:____

** No injection will be given, except in an extreme emergency, such as allergy to bee sting or the like.

The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication, please contact the parent or my office.

REMARKS:____

____

KNOWN ALLERGIES: ____

____

______________________________ ______________________________
Print Parent's Name Parent's Signature

PLEASE PRINT PHYSICIAN'S NAME: ________________________________

______________________________ (_____)-___________________
Physician's Signature Physician's Telephone Number