



Confirmation Registration Form

Please Print

Candidate Information:

Student Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Parent with whom student lives: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____		
Email Address: _____		Cell Phone: _____
		Text?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth: _____ / _____ / _____	Age on May 15 th , 2020: _____	
School Attending: _____	Grade: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>

Family Information:

Mother's Name: _____		
Mother's Maiden Name: _____		
Email: _____	Cell phone: _____	Text?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Father's Name: _____		
Email: _____	Cell phone: _____	Text?: Yes <input type="checkbox"/> No <input type="checkbox"/>

Records:

<input type="checkbox"/>	Baptized (*If Baptized at Shepherd of the Valley please note here, if not, a copy of the Baptismal Certificate is required)
<input type="checkbox"/>	First Communion Date: _____ Place: _____
<input type="checkbox"/>	Registered at Shepherd of the Valley (*If not registered at Shepherd of the Valley you will need to obtain a letter of permission from the pastor at the parish where you are a registered member)

For Office Use:
Confirmation Fee \$100

Amount Paid: _____
Cash or Check #: _____
Date Received: _____

CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

Child's name _____ Date of birth _____ Grade level _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____ Phone _____

Person with whom child is living _____

Church/School requesting form _____

Person(s) to notify in case of an emergency:

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Family physician _____ Phone _____

Last tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If yes, please state below:

Name _____ Dosage _____ Reason for medication _____

Prescribing physician _____ Phone _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Insurance information:

Name of medical insurance company _____

Group or identification number _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____

Date _____

**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN
STUDENT/YOUTH FILE**
