

**Saint Francis Xavier & Saint Wendel Parishes
Confirmation Registration Form 2016-2017**

Family Information

Parent Name(s) _____ Home Phone _____

Mother's Maiden Name _____

Address _____ City _____ Zip _____

Father's Contact Information

Work Phone _____ Cell Phone _____ Email _____

Mother's Contact Information

Work phone _____ Cell Phone _____ Email _____

At which parish is your family registered? _____

If either parent has an address different from the student's, please write the alternate address here and indicate to whom it belongs _____

Student Information

Name of student _____ Date of Birth _____

T-Shirt Size _____ Grade _____ School currently attending _____

Extracurricular sports/clubs _____

Has your child been baptized? YES NO

Date of Baptism _____ Church of Baptism _____

City _____ State _____

Has your child received First Communion? YES NO

The Diocese of Evansville states that candidates are to faithfully attend their catechetical sessions in addition to Confirmation formation. In which catechetical sessions does your child participate?

___ SFX & SW Religious Ed ___ Catholic School ___ ID Project Other _____

***Please complete medical form on reverse side.**

Medical Release Form

Medical Matters: Please include the child on this medical form that you enrolled on the registration form on the reverse side.

Emergency Medical Treatment: In case of accident or serious illness, I request the Director of Religious Education or Religious Education staff to contact me. If I cannot be reached, I hereby authorize the aforementioned to make whatever arrangements the circumstances allow. It is understood and agreed that neither the parish, Pastor, the Religious Ed staff, it's volunteers, or the Catholic Diocese of Evansville are the insurer of my children's health and safety while they are at Religious Education classes or engaged in parish-supervised activities. I understand it is my obligation to provide such insurance, as I may desire to purchase, to protect myself and my children against the cost of sickness or injury. If the above named child(ren) need emergency medical treatment and neither a parent or the designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Number where I can be reached during Confirmation events _____
(The above number may be used if classes are cancelled, and/or in case of an emergency)

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name (s) _____

Relationship (s) _____ Phone (s) _____

Doctor _____ Phone _____

Insurance Co. _____

Hospital Preference _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Any physical limitations? _____

You should also be aware of these special medical conditions of my child: _____

Waiver and Release: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Further, I acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I agree to be bound by the terms and conditions set forth in those documents (copies available via www.evansville-diocese.org/youth/forms). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

Parent Signature: _____ **Date:** _____