



Our Lady Queen Of Peace

GOD • FAMILY • FAITH

1911 Union Valley Rd., Hewitt NJ 07421 • 973-728-8162 • Fax 973-728-4650 • olqpnj.org

CONFIRMATION REGISTRATION 2025-2026

(circle one) Year 1 Year 2

Student information

Student name: _____

Address: _____

Birth Date: _____ Place (Town, State) _____

Date of Baptism: _____ Place (Church) _____

Church Address: _____

Date of 1st Communion: _____ Place (Church) _____

Church Address: _____

Date of 1st Reconciliation: _____ Place (Church) _____

Church Address: _____

Grade in Sept. 2024: _____ High School: _____

Grades completed in the CCD program: _____ (If not at OLQP, where?): _____

Catholic school attended: _____ Grades completed in Catholic School: _____

T-shirt size: _____

Parent information

Home Phone Number: _____

E-mail Address: _____

Mother's Name: (first and last) _____

Mother's maiden name _____ Mother's Cell Phone Number: _____

Father's Name: (first and last) _____ Cell Phone Number: _____

***** **OFFICE USE ONLY** *****

Date registration received:	Check number/Cash:	Date of Check	Amount:	Balance:
_____	_____	_____	\$ _____	\$ _____

Our Lady Queen of Peace
Confirmation Program

2025-2026 Permission Form

I hereby give my teen, _____, permission to participate in all Confirmation and youth ministry activities, (which includes trips, service, retreats, etc.) sponsored by Our Lady Queen of Peace for the year beginning July 1, 2025 through June 30, 2026.

Parent/Guardian Signature: _____ Date: _____

Medical/Emergency Information and Release

In the event that my child becomes ill, is injured, or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

Parent/Guardian Signature: _____ Date: _____

If a parent cannot be reached, please contact the emergency person listed below:

Contact: _____ Telephone #: _____

Relationship to Participant: _____

My child wears **Contact Lenses**: Yes: _____ No: _____

My child's **Last Tetanus shot**: _____

Please list any allergies your child has (including medications): _____ None

List any medication that your child takes on a REGULAR basis: _____ None

List any other health/physical information we should know about you child (ex: Asthma):

Family Physician's Name: _____ Office Tel #: _____

Medical Insurance Company Name: _____

It is essential that we be made aware of any educational or physical special needs that your teen may have. Please list any information that would be helpful below. **This information will be kept confidential.**

Media Disclaimer

There are times your teen's likeness may be used on a bulletin board, on our website or in some other way to advertise our Confirmation Program. Please sign below to indicate your permission to do so. Your signature will waive your right to future compensation for the use of such images or any claim for invasion of privacy with regard to Our Lady Queen of Peace Parish in advertising and promotional materials for the time from July 1, 2025 to June 30, 2026.

(Parent Signature)

Our Lady Queen of Peace
Confirmation Program

CONFIRMATION AGREEMENT

Jesus invited those he chose to “Come follow me.”.... In seeking Confirmation, we are choosing to become disciples of Jesus striving to do what he has commanded.

Program Requirements

We understand the requirements of the Confirmation Program at Our Lady Queen of Peace are as follows:

- Attendance at weekly Mass and Holy Days of Obligation.
- Attendance at all scheduled sessions, Masses and mandatory activities
- Attendance at yearly retreat
- Completion of 15 hours of Community Service each year (30 total)
(20 hours of which should be done in the Parish)

When illness or emergency makes attendance at any of the above impossible, we agree to call the Confirmation Office at 973-728-8162 and leave a message.

Behavior Guidelines

When we gather for Mass, class, discussions or activities, we have certain guidelines that we ask the Confirmation candidate to attest to and accept.

- Show respect to leadership and peer participants.
- Use only positive and affirming language.
- No drugs, alcohol, or weapons of any kind.
- Respect the space and materials provided in the classrooms and youth room.
- No use of cell phones during class time and presentations given.

Parent Agreement

I will make Sunday worship part of my family life and encourage daily prayer for my children. I will model Christian values for my family and take an active interest in my teen’s preparation for the Sacrament of Confirmation.

I have read the above and pledge to fulfill my responsibility towards commitment to this process.

(Parent signature)

(Parent signature)

Candidate Agreement

I will work towards full participation in the spirit and requirement of the Confirmation preparation process. I will come prepared for call and participate in class activities. I will choose worthy service activities and represent myself and my parish in a respectful way.

I have read the above and pledge to fulfill my responsibility towards commitment to this process.

(Student signature)

TUITION FEES:

1st Year Confirmation Candidate

Cost for 1st year candidate ----- \$200

Late Fee ----- _____

TOTAL TUITION DUE: _____

2nd Year Confirmation Candidate

Cost for 2nd year candidate ----- \$250

Late Fee ----- _____

TOTAL TUITION DUE: _____