

Our Lady of Sorrows Parish
YOUTH CONFIRMATION REGISTRATION

Student's Name _____
(The Name the family is register under)

Address _____
Mailing Address City Zip Code

Best way to get in touch with student: text cell email home phone

Email: _____

Cell phone: _____ Home phone: _____

How often do you attend **Sunday Mass**? _____

School attending: _____ Grade _____

Father's Name _____ Religion _____

Daytime Phone: _____ Cell Phone: _____

Mother's Name _____ Religion _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

The complete sacramental record is compiled at the child's parish of Baptism. Please provide accurate information so a certificate of Confirmation can be forwarded promptly.

Church of Baptism _____ Date of Baptism: _____

Church Street Address _____

City _____ State _____ Zip Code _____

All candidates must provide a copy of his or her baptismal certificate by January 1st.

Date and location of First Reconciliation

Date and location of First Communion

What else would be helpful to know about your child?

I understand that my child is expected to:

- *attend Mass each Sunday (proof of attendance if not at OLS)
- *attend class each week
- *attend at one-day retreat
- *participate in service activities.

Signature _____ Date _____
Parent/Guardian

Signature _____ Date _____
Student/Youth

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Confirmation program and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent OLS staff, or other associated volunteers, to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Archdiocese of Portland, and Our Lady of Sorrows Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance.

Signature _____ Date _____
Parent/Guardian

I hereby authorize the use of any pictures taken of my child participating in parish activities at Our Lady of Sorrows Parish on the Parish Website. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the Confirmation program or for future advertisement of Our Lady of Sorrows Parish programs. I understand that my contact information may be shared with Confirmation staff and volunteers.

Signature _____ Date _____
Parent/Guardian

Fee Schedule: Child: \$50.00

Parents and Youth must attend first session

Confirmation will be _____.