



St. Patrick Church
Religious Education Office

First Year Confirmation Registration Form

This form must be filled out and returned by September 1, 2025 for all Candidates

Please print name as it will appear in the Church register:

Name _____
First Middle Name (not initial) Last

Address _____
Street City State Zip code

Date of Birth _____ Age _____

Home Phone # _____ Cell # _____

E-mail Address: _____

Family Information

Fathers Name _____ Religion _____
First Last

Mothers Name _____ Religion _____
First Last Maiden

Sacrament Information

Church of Baptism _____

Address of Church _____
Street City State Zip code

Date of Baptism ____/____/_____ Were you baptized Catholic? _____

Have you made your First Eucharist? Yes ____ No ____ Date _____

Where? _____
Name of Church City State

Have you made your First Reconciliation? Yes ____ No ____ Date _____

Where? _____
Name of Church City State

****Please Complete with as much accuracy as possible to allow for proper documentation to be completed.****

****Please see reverse side for Photo Release****

Photography Release

During the year, we would like your permission to use pictures that may be taken during class in the following ways: on the parish website, on the parish official Facebook page, on the parish bulletin boards, in the parish bulletin, and in The Observer/El Observador (Newspaper of Diocese of Rockford). *Please check which preference applies.*

- ___ Yes, I grant permission to use the photos in these ways.
___ No, please do NOT take or use any photos of my child.
- ___ Yes, my child/children's names can be used with pictures.
___ No, please do NOT use my child/children's name with pictures

Parent name (printed): _____

Parent signature: _____

Medical Permission

I grant permission for the administration of first aid to _____

By the people in charge of St. Patrick Confirmation preparation and those transporting my child to and from the program as their judgement deem advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any surgery, except when delay in such communication would endanger a life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian to the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child. I, the undersigned, shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or discipline problems, the undersigned will be called and expected to pick up the child or make arrangements for the child to be picked up immediately.

Printed name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Please list any applicable health concerns or allergies: _____
