

St. Thomas Aquinas Newman Center Confirmation Registration Form

Date: _____

Confirmandi's Full Name: _____
Age: _____ Birth Date: _____ Confirmation Year One _____ Year Two _____

Mother or Female Guardian: Religion: _____
First Name: _____ Last: _____
Occupation: _____
Work #: _____ Cell#: _____
Email: _____
Address: _____ City: _____ State: _____ Zip: _____

Father or Male Guardian: Religion: _____
First Name: _____ Last: _____
Occupation: _____ Work #: _____
Cell#: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

____ I give my permission for participation in the Safe Environment Training program for the year 2025-2026, as mandated by the Archdiocese of Santa Fe.

____ I do not give permission for the Safe Environment Training.

Child lives with: Both Parents: _____ Mother: _____ Father: _____ Other: _____

Has the child been baptized? _____ If yes, please attach a copy of the Baptismal Certificate

Office Use Only:

Payment submitted at registration _____ Family Name: _____
Check#: _____ / Cash: _____ Amount paid: _____ Date received: _____
Rec'd by: _____

Permission and Medical Treatment Waiver

I, _____, the parent/guardian of (Please print)
_____ do hereby
give my permission for (Please print child(ren)'s name)

him / her / them to attend St. Thomas Aquinas Newman Center Catholic Church Religious Education and be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education, or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Archdiocese of Santa Fe, the parish, its staff, or the adult assistants responsible.

In case of emergency, if I am not available at the above address and phone, please contact:

Name: _____; Phone number: _____
Relationship: _____
Parent/Guardian Signature: _____ Date: _____
Special Dietary Needs: _____
Allergies: _____

Other people authorized to pick up my child(ren):

Name: _____ Cell # _____
Name: _____ Cell # _____