

REGISTRATION CONFIRMATION CANDIDATES
Our Lady of Mt. Carmel, St. John the Evangelist, Sacred Heart

_____2024
Date Received by Office

FAMILY LAST NAME

PARENT INFORMATION

Father's Name: _____ Religion: _____
Mother's Name: _____ Maiden _____ Religion: _____
Marital status: M / D / S / W Primary Phone () _____
E-Mail Address: _____ Secondary Phone () _____
Street Address: _____ City: _____ Zip: _____
Home Parish: _____

CANDIDATE INFORMATION

_____ / ____ / ____					
FIRST NAME	MIDDLE	LAST	M / F	BIRTH DATE	AGE
_____			_____		
SCHOOL			GRADE IN FALL		
_____		_____		_____	
CHURCH OF BAPTISM		DATE OF BAPTISM		ALLERGIES	
_____		_____		_____	
ADDRESS OF CHURCH		CITY	STATE	ZIP CODE	
_____		_____	_____	_____	
CONFIRMATION SPONSOR FIRST NAME		MIDDLE	LAST NAME		
_____		_____	_____		

If NOT baptized at Sacred Heart or Our Lady of Mt. Carmel, you must request a copy of your child's Baptismal Certificate from the parish of Baptism as soon as possible.

Please request that a front and back copy be faxed to:
Our Lady of Mt. Carmel **810-384-8708** ATTN: Brenda Krzak

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Sacramental Fees and Confirmation Retreat. \$60.00

AMOUNT PAID \$ _____

Confirmation registration is separate from Religious Education registration

EMERGENCY MEDICAL RELEASE

I authorize emergency care for my child (ren) if necessary while they are present at Sacred Heart/Our Lady of Mt. Carmel/St John the Evangelist Religious Education program and assume responsibility for payment if such is incurred. This authorization is given if I or the emergency contact cannot be reached.

Emergency Contact: _____

Phone () _____

Family Physician: _____

Phone () _____

Signature of Parent or Legal

Guardian _____ Date: _____

MEDIA CONSENT

Our Lady of Mt. Carmel, St John the Evangelist, and Sacred Heart Religious Education Programs engage in correspondence and publicity with families, parishioners, and other members of the community regarding our program. Parents are given the option of authorizing the use of their children's photos for those purposes if they so desire. Please complete the information below.

I give permission for my child _____ to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, website, etc.

_____ Date _____

(Signature of Parent or Guardian)

FOR OFFICE USE ONLY

TOTAL DUE: \$60.00

AMT. PAID: \$ _____

Baptismal Church _____