

The Parish of Mater Christi
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2020 CONFIRMATION REGISTRATION

	M or F	DOB	Grade & Schl (As of March '17)
Child 1:	_____	_____	_____
Child 2:	_____	_____	_____

	Previous Religious Instruction	Baptism	1 st Eucharist
Child 1:	Grade(s): _____ Parish or School: _____	Date: _____ Church: _____	Date: _____ Church: _____
Child 2:	Grade(s): _____ Parish or School: _____	Date: _____ Church: _____	Date: _____ Church: _____

	Address	Tel. #s
Mother:	_____	_____
	_____	_____

Email Address _____ **Teen Email or Cell #** _____

Parishioner of Mater Christi? Y or N (Please Circle One)

	Address (If different than Mother)	Tel. #s
Father:	_____	_____
	_____	_____

Email Address _____

Parishioner of Mater Christi? Y or N (Please Circle One)

If parents' addresses are different, where should correspondence be sent or telephone calls be made?

Mother Father Both (Please circle one)

In Case of an Emergency

We will 1st Notify the parents/guardians at the #s provided on the front of this form. If unable to reach parents who should we contact?

1. _____ Relationship to child: _____

Telephone #s: _____

2. If Unable to Reach #1, Notify: _____ Relationship: _____

Telephone #s: _____

In the event that I or the emergency contact person(s) cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated &/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve The Parish of Mater Christi of all responsibility and consequences that may arise as a result of this treatment.

I will not hold Mater Christi Parish or chaperones or representatives associated with Mater Christi responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

_____ Date: _____
Parent/Guardian

Special Needs

Medical condition of which we need to be aware _____

Required Medication _____

Allergies (Food &/or Drug) _____

Learning/Behavioral/Physical _____

Fee

\$85.00 for each participant of the Confirmation Preparation Program:

- \$35.00 = Registration fee
- 50.00 = Retreat Fee

Please know that **all are welcome** into our program.
If you are unable to pay this fee at this time, please contact Mrs. McSparron.

CONFIRMATION PREP ADULT VOLUNTEER OPPORTUNITIES

_____ **Group Leader/Facilitator of Discussion**

_____ **Chaperone at Retreat**

_____ **Set-Up, Clean-Up, or Serve at Rehearsal Meal**

Other (where do your talents lie – how else can you help?)

Background Check & Virtus Training

All adults (18+) working with our children must submit a background check form and attend the Diocesan Virtus training. Please check *The Evangelist*, the diocesan website (www.rcda.org), or our Bulletin for the schedule of training sessions throughout our area. Please contact the Religious Ed. Office for background check forms.