

Our Lady of the Assumption Catholic Church

P.O. Box 2030 - 2602 S. Walnut Road
Turlock, California 95380-95381
Telephone: (209) 634-2222 . Fax: (209)634-2366
Email: jgovernale@OLAssumption.net

Confirmation Registration 2017-2018

PLEASE CHECK WHICH YEAR OF THE PROGRAM YOUR CHILD WILL BE IN:

FIRST YEAR

SECOND YEAR

BASIC INFORMATION:

CHILD'S BAPTISMAL NAME Last First Middle

ADDRESS City State Zip HOME PHONE

FATHER'S NAME MOTHER'S MAIDEN NAME (first & last)

FATHER'S CELL PHONE MOTHER'S CELL PHONE

****AT LEAST ONE CELL PHONE NUMBER IS REQUIRED****

CHILD'S DATE OF BIRTH AGE GRADE SCHOOL

E-MAIL ADDRESS ****REQUIRED****

ADDITIONAL INFORMATION:

Does your child have any behavioral or learning disabilities? Are you a single parent? Is there any other information that would be important for the Confirmation Coordinator to know?

ATTENTION: FEE FOR CONFIRMATION PROGRAM: \$80 PER CHILD (This is a SEPARATE fee from the CCD program)

EMERGENCY & MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY

POLICY NUMBER

PHYSICIAN'S NAME

PHYSICIAN'S NUMBER

Person other than parents to contact in case of emergency:

NAME

RELATIONSHIP

TELEPHONE

ADDRESS

In consideration of my or my child's participation in the activity described, and my consent thereto, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Roman Catholic Diocese of Stockton and Our Lady of the Assumption Catholic Church from all liabilities, claims, actions, damages, costs, and expenses of any nature arising out of or related to, or in any way connected with my or my child's participation in the activity and/or any such related or associated activities, and further agree to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs, and expenses of other professional and disbursements up through and including any appeal. I, for myself, understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me or my child during or after such participation.

List any medical conditions/illness and physical restrictions that your child has. Also list the name of any medication that your child is taking. (If there are no known conditions, please write "none").

I have read all the requirements and rules for the Confirmation program, and fully understand what is expected of candidates, parents, and sponsors. I understand that failure to meet all Confirmation requirements may prevent my child from receiving the Sacrament of Confirmation. I also understand that receiving the Sacrament of Confirmation is at the discretion and discernment of the Confirmation Coordinator and Parish Priest.

PARENT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

PAID: **CHECK #:** _____ **CASH**

ATTENTION: FEE FOR CONFIRMATION PROGRAM: \$80 PER CHILD (This is a SEPARATE fee from the CCD program)