

# Confirmation Preparation held at St. Stephen

## Sponsored by St. Peter, St. Casimir, St. Joseph, & St. Stephen

### 2020-2021

#### Family Information:

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Family E-Mail \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Father**  Single  Married  Divorced  Deceased

Name \_\_\_\_\_

Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Please complete below, only if different from above:

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**Mother**  Single  Married  Divorced  Deceased

Name \_\_\_\_\_

Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Please complete below, only if different from above:

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

#### Child 1

Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade of enrollment \_\_\_\_\_ School \_\_\_\_\_

Health Considerations:

#### Child 2

Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade of enrollment \_\_\_\_\_ School \_\_\_\_\_

Health Considerations:

<b>Child 3</b>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	Grade of enrollment _____	School _____		
Health Considerations:				

  

<b>Child 4</b>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	Grade of enrollment _____	School _____		
Health Considerations:				

**Sacramental Notification:** Students beginning preparation for Confirmation will be asked to complete a Sacramental Registration Form.

**Cancellation Notification:** Classes will be cancelled if the Stevens Point School District is closed, closes early, or cancels after school activities. Notification will be posted on our website at [www.PointCatholicFaith.org](http://www.PointCatholicFaith.org).

### Permissions

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Use Student Photos:** May we use photos/videos of your children taken during program activities?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for events held at St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point:** I hereby give permission for my registered child(ren) to participate in events & activities that are held at **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point** schools & churches. I agree to defend, protect, indemnify and hold harmless **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point, the Diocese of La Crosse & its Bishop** against & from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Rates &amp; Fees:</b>  <b>Grades 9-11:</b> \$75 per child          Not a parishioner of St. Peter, St. Casimir, St. Joseph, or St. Stephen: \$100 per child</p> <p><b>Early Bird Discount:</b> \$20 per family, if received by June 30</p>	<p><b>Fees Due:</b></p> <p>Grade 9-11 Tuition      \$ _____          (Early Bird by June 30)      \$ _____          Total Due:                      \$ _____</p> <p><b>Registration &amp; Payment due August 15.</b>  <b>Tuition assistance available, contact Pastor.</b>          Make checks payable to St. Joseph Parish.</p>
<p><b>Office use:</b>    <input type="checkbox"/> Cash                      <input type="checkbox"/> Check # _____</p> <p style="text-align: center;">Amount Due: _____    Amount Received: _____    Date: _____</p>	