**Blessed Sacrament Catholic Church**

**Sacrament of Confirmation Registration Form**

# Please print clearly (This information will be used for the child’s certificate)

|  |
| --- |
| Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Month Day Year  Age \_\_\_\_\_\_ Grade \_\_\_\_\_\_  **Please complete the following information and I need a copy of the Baptismal Certificate. If your child was baptized at Blessed Sacrament in Cocoa Florida I do not need a copy of the Baptismal Certificate, just complete the information below.**  Church of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Baptism\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip  Date of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Month Day Year  Confirmation name chosen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsor’s address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First    Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First  Working E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please check one: child lives with \_\_\_\_\_ both parents \_\_\_\_\_\_mother \_\_\_\_\_\_\_\_\_father |

The annual registration fee is: $40.00 for one child $70.00 for two children or $80.00 for three or more children. Payments may be made in installments. No child will be turned away for lack of tuition.

I have read and understand the information included in the registration packet.

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

**(For office use only)**

Date Received:\_\_\_\_\_\_\_\_ Total Fee $\_\_\_\_\_\_\_\_ Amt Paid $ \_\_\_\_\_\_ Cash/Check # \_\_\_\_\_\_\_\_ BAL Due $ \_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_

Second Payment: Date Received:\_\_\_\_\_\_\_\_\_\_\_ Amt Paid $ \_\_\_\_\_\_ Cash/Check # \_\_\_\_\_\_\_\_ BAL Due $ \_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY

FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my child to attend Religious Education classes on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed below. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child the nearest emergency room or physician’s office, or to call an emergency paramedic ambulance service.

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Print Name) Emergency contact (Print Name)

Phone Numbers: Phone Numbers:

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION: Please provide any additional, specific information about your child that you feel we need to know.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic or Acute Illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Presently Being Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Facts We Should Know\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**BLESSED SACRAMENT CHURCH** – **Confirmation Information**

**To the Confirmation Candidate:**

Confirmation is the Sacrament of responsibility. You are taking responsibility for **your** faith. Your regular and on-going participation will show your commitment to receiving this Sacrament. The Confirmation Preparation Process is a unique opportunity to get in and explore the Catholic Faith, ask questions, and seek God. Each step in the process is an opportunity to get in and meet God in a different way. Please take this time seriously and commit to the process.

1. Obtain a recent copy of your Baptism Record. If you were not baptized at Blessed Sacrament Church, you should write or telephone the Parish where you were baptized. Give them your name, your father’s name, mother’s first and maiden name, and the approximate date on which you were baptized. They will mail you a copy of the record.
2. Choose a Sponsor for Confirmation. As Confirmation is the completion of Baptism, the Liturgy of confirmation is patterned after the Baptismal Liturgy. Your sponsor will present you to the bishop or Celebrant when you step forward to be confirmed. You are encouraged to choose one of your Baptismal Godparents for this role. If that is not possible, choose someone whom you consider to be a role model for living the Catholic faith.
3. Choose a name for confirmation. It is most appropriate to use your Baptismal name, if you were given a Saint’s name at birth. Otherwise, you may choose the name of a saint whom you admire. There are a large number of books available which will give you information about the lives of the Saints. If you have Internet access, you can find biographies of many saints.
4. Practice the Catholic Faith. This includes regular participation at Sunday Liturgy, daily prayers and making a sincere effort to grow in that faith through your participation in instruction for receiving the Sacrament of confirmation.
5. You are encouraged to participate in the Sacrament of reconciliation before celebrating your Confirmation.

# SPONSOR INFORMATION:

The role of the sponsor is to pray and intercede for the youth and be a role model by answering questions, introducing different aspects of the Catholic Faith, and sometimes participating in certain components of the preparation process.

--A sponsor must be a Catholic who actively practices the faith.

--A sponsor must be at least 16 years old and already Confirmed.

--A sponsor may not be a parent of the candidate.

--A sponsor need not be the same gender as the candidate.