

Sacrament of
Confirmation
Registration
2015-2016



St. Joseph-on-Carrollton Manor Catholic Church

CHECK LIST - BEFORE FILLING OUT THIS FORM...

- ☐ Families must be registered with the parish.
- ☐ Your child must have had at least 1 full year of faith formation the year prior to starting preparation for the Sacrament of Confirmation.
- ☐ Your child must also be enrolled in Life Teen or an accredited Catholic School while preparing for the Sacrament of Confirmation.
- ☐ A copy of his/her Baptism certificate must be included with this registration form if not baptized at St. Joseph-on-Carrollton Manor.

FAMILY INFORMATION

Family's Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Home Phone Number: _____ Parent Cell Number: _____

Would you like to receive text messages for reminders & canceled events? YES NO

Name of Residential Development: _____

Are You Interested in Carpooling? YES NO

(Your number will be given out to other families in your neighborhood to set up carpooling.)

Note: All parents who carpool MUST be STAND trained!

Family Status : __Two-parent Family __Single-parent Family __Blended Family (Step) __Guardian

Father's Name: _____ Are you STAND trained? YES NO NOT SURE

Mother's Name: _____ Are you STAND trained? YES NO NOT SURE

Father's Religion: _____ Mother's Religion: _____

Parent E-Mail Address (That is Checked Most Often): _____

STUDENT INFORMATION

Student Name: _____

First

Middle

Last

M / F (Circle) DOB: ____/____/____ Student T-Shirt Size: _____

Grade (Fall 2015) _____ School: _____

Special Needs/Learning Disabilities: _____

Student Cell Phone: _____ (Will only be used in case of emergency during outings)

Would you like to receive text messages for reminders & canceled events? YES NO

Sacraments Student Has Received (Circle) - Baptism Reconciliation Eucharist

Name 1 friend you would like in your small group this year. (No guarantees, but we will do our best!)

MARK YOUR CALENDAR —> MANDATORY Parent & Student Confirmation Orientation Meeting

Sunday, August 16, 2015

12:00 - 2:00pm in Matthew & Mark Classrooms

Fee: \$150 (Includes Cost of Retreat)

50% Off Discount for Catechist's Children

(Financial Assistance is Available - Contact Jeanne Geisinger)

Office Use Only Date _____ Cash _____ Check # _____

Amt. \$ _____ Balance Due \$ _____ Payment Plan on file: Yes No (circle one) EFT Credit Card

ARCHDIOCESE OF BALTIMORE PERMISSION & RELEASE FORM

This completed form applies to all outings through September 2015-August 2016 School Year.

Name of Participating Child (Print): _____

1st Emergency Contact (Name & Phone Number): _____

2nd Emergency Contact (Name & Phone Number): _____

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Joseph-on-Carrollton Manor, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks. I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity. I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

☐ I am covered by hospitalization and medical insurance under: policy # _____ issued by _____

☐ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/ Ibuprofen |
| <input type="checkbox"/> Imodium/ Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

*Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.: _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the St. Joseph-on-Carrollton Manor, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

For the protection and safety of all of our participants, we ask that all guardians inspect your young person's belongings before traveling to an outing with St. Joseph's. The policy of our parish & the Archdiocese of Baltimore, in accordance with the State of Maryland is that drugs, alcohol, and weapons of any kind are prohibited from ALL parish events. In the event that a potentially dangerous or illegal situation were to occur on any of our events, the parish staff /STAND trained chaperones reserve the right to verify/inspect the youth's belongings, as well as notify the guardians of the event and possible dismissal from the outing. In the event illegal items are in the possession of a minor, parents and law enforcement will be contacted. If at any point we are concerned about the health and well being of a young person EMS will be notified. This policy is in the best interest of creating a safe and healthy experience for all participants and volunteers of our parish. By signing below the teen and parent are agreeing to these conditions

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____