

PARISH CATECHETICAL OFFICE
Immaculate Conception Church

37940 Euclid Avenue
Willoughby, Ohio 44094
(440) 942-4500

2019-2020 CONFIRMATION REGISTRATION FORM

This form is for Sacramental Preparation registration only!
Please Print. One Form per Child (No Nicknames)



Name: _____
LAST FIRST MIDDLE

Male Female Date of Birth: _____

Address: _____

City: _____ ZIP: _____

Main Contact Phone#: () _____

Parent E-Mail: _____@_____

2nd Parent E-Mail: _____@_____

Was this candidate enrolled in a catechetical program last year? Yes No If "Yes", which:

IC PSR MDA School Home School Other _____

Is this candidate enrolled in a catechetical program this year? Yes No If "Yes", which:

IC PSR MDA School Home School Other _____

Father's Name: _____
FIRST LAST

Is the Father Catholic? Yes No

Mother's Name: _____
FIRST MAIDEN LAST

Is the Mother Catholic? Yes No

Child resides with: Both Parents Mother Father Stepfather Stepmother
Check all that apply

Custodial Adult: _____
Name Relationship to the child

Are you a registered member of Immaculate Conception Church? Yes No

If you answered "No", you must receive written permission of both your own parish pastor and the pastor of Immaculate Conception Parish in order for the candidate to receive Sacraments of Initiation at Immaculate Conception Parish.

CANDIDATE'S SACRAMENTAL HISTORY

Catholic Baptism or Profession of Faith: Yes No

CHURCH CITY, STATE DATE

First Eucharist: Yes No

CHURCH CITY, STATE DATE

Candidate's Confirmation Name/Saint chosen: _____

Emergency Contact (other than parent)

NAME TELEPHONE

OUTH CANDIDATES preparing for Sacraments of Initiation must be registered for both Sacramental Preparation Classes and PSR, Immaculate Conception School, or a home schooling program that has a general catechetical component. PSR registration requires a separate form.

All candidates registering for sacramental preparation must submit to the Parish Catechetical Office a current certificate (not more than six months old) of Sacraments of Initiation already received. These certificates must be submitted if your child received Sacraments from Parishes other than Immaculate Conception Parish.

Release for Minors: In consideration of my child receiving catechetical instruction through the Immaculate Conception Church Sacramental Preparation Program, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with catechetical classes and I further release, discharge, and/or otherwise indemnify the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Immaculate Conception Church, employees and volunteers from all claims, judgments, liability by or on behalf of my child, my spouse, and myself for any injury or damage due to the child's participation in the Parish Sacramental Preparation Program including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

PHOTO RELEASE

I understand that photos may be taken of my child/children during the PSR classes and events. I hereby give Immaculate Conception Parish and the Sisters of the Most Holy Trinity permission to publish photographs taken of my child/children, for use in Immaculate Conception's and the Trinitarian Order's printed Publications and website. I release Immaculate Conception and the Sisters of the Most Holy Trinity from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration, and that I have the authority to authorize Immaculate Conception and the Sisters of the Most Holy Trinity to use their photographs and names.

Please check one:

- Yes, my child's photos may be used by Immaculate Conception Parish and the Sisters of the Most Holy Trinity.
- I do NOT want my child's photos used by Immaculate Conception Parish or the Sisters of the Most Holy Trinity.

Parent/Custodian Signature: _____ Date: _____

Confirmation Fee: \$50.00

Make checks payable to IMMACULATE CONCEPTION CHURCH

For Office Use Only

Date Received: ___/___/___ Cash or Check Number: _____ Baptismal Certificate Received:
Sponsor Certificate Received: Confirmation Name: _____