



St. Jude Catholic Church – The Office of Confirmation Preparation
Confirmation Candidate Registration Form

Registration Form for Confirmation Calendar Year: 2024 – 2025

((PLEASE PRINT))

Date: _____ Parish Registration Number: _____

Candidate's Name: _____ Year (1) ____ Year (2) ____ Candidate

Grade Level During 2024 / 2025: _____ Attending Class On Either: Sunday Morning _____ or
Monday Evening _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Primary Residence Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

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

Candidate Lives With: Mother: _____ Father: _____ Both: _____ Other: _____

Emergency Contact If Parent / Guardian Cannot Be Reached:

Name: _____ Relationship: _____ Phone Number: _____

SACRAMENTAL INFORMATION

**A Copy of The Candidate's Baptismal and First Holy Communion Certificates MUST Be Submitted
With Their Registration – Candidates Will Not Be Enrolled In Classes Without These Certificates !**

Baptism: Date Received _____ Church of Sacrament: _____

Church's Address: _____ City: _____ State: _____ Zip: _____

First Reconciliation: Date _____ Church of Sacrament: _____

Church's Address: _____ City: _____ State: _____ Zip: _____

First Holy Eucharist: Date _____ Church of Sacrament: _____

Church's Address: _____ City: _____ State: _____ Zip: _____

Confirmation Program's Fees: (1 Child): \$150.00 _____ (2 Children): \$260.00 _____

Date Fees Collected: _____ Check #: _____ Cash: _____

(Please Note: Confirmation Fees Are Separate from Faith Formation Grades: 1st – 7th)

CANDIDATE REGISTRATION MEDICAL / LIABILITY RELEASE FORM

(This Information must be filled out completely by the Parent / Guardian and signed in the presence of a member of the Confirmation Program as Witness)

While your child is in our care is it extremely important for us to have the following information. In case of an emergency, if I am not available, please contact the following individual.

Name: _____ Relationship: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Office Phone: _____

Parents / Guardian’s Insurance Carrier: _____

Policy Number: _____

Is Your Child Taking Any Medications ? Yes: _____ No: _____

Medications: _____

Please Explain: _____

Is There Any Medical Information, Condition, or Special Needs That We Should Be Aware of Regarding Your Child and His / Her Health ? Please Explain: _____

PERMISSION AND MEDICAL TREATMENT WAIVER

I, _____, the parent / guardian of: _____

Hereby give my permission for him / her to attend St. Jude’s Faith Formation Program or function and to be treated for a medical emergency in my absence while participating in the Confirmation Preparation Program. The Confirmation Program Director or Adult Supervisor may act as an agent in my absence. In case of an accident, I do not hold the Diocese of Palm Beach, St. Jude Parish, or Attending Parish, Its Staff, or Adult Chaperones responsible.

Father / Guardian’s Signature: _____ Date: _____

Mother / Guardian’s Signature: _____ Date: _____