



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

Registration Form for Confirmation Calendar Year: 2025 – 2026

(( PLEASE PRINT ))

Date: \_\_\_\_\_ Parish Registration Number: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_ Year ( 1 ) \_\_\_\_ Year ( 2 ) \_\_\_\_ Candidate

Grade Level During 2025 / 2026: \_\_\_\_\_ 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: 1<sup>st</sup> – 7<sup>th</sup> )**

**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: \_\_\_\_\_