



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

Registration Form for Confirmation Calendar Year: **2025 – 2026**

((PLEASE PRINT)) ((PLEASE ENSURE ALL AREAS ARE COMPLETED))

Date: _____ Parish Registration Number: _____

Student's Name: _____ Student Is A: Year (1) _____ Year (2) _____ Candidate

Student's Grade Level During 2025 / 2026: _____ Confirmation Program's Fees: (1 Child): \$150.00
(2 Children): \$260.00

Student Will Be Attending Class On Either: Sunday Morning – 8:45 to 10:00 AM _____
Or
Monday Evening – 6:30 to 7:45 PM _____

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

Primary Residence Address: _____

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

Father's Name: _____ Father's Religion: _____

Best Phone Number: _____ Additional Phone Number: _____

Father's Email Address: _____

Mother's Name: _____ Mother's Religion: _____

Best Phone Number: _____ Additional Phone Number: _____

Mother's Email Address: _____

Student Lives With: Mother: _____ Father: _____ Both: _____ Shared Custody: _____ Other: _____

Parents Are: Married: _____ Separated: _____ Divorced: _____ Not Married: _____ Deceased M or F

* Is There a Court Order Barring Either Parent From Removing the Student From Class? Yes: _____ No: _____

* Do Parents have Shared (Joint) Parental Rights and Responsibilities? Yes: _____ No: _____

* Does One Parent Have Final Decision Making Authority Regarding Religion and Education Decisions for the Student? Yes: _____ No: _____

* Is There a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or Other Court Order that Restricts or Impacts Access to the Student By Anyone, Including the Other Parent? ((Must Provide a Copy of Court Orders)) Yes: _____ No: _____

* Additional Information: _____

Emergency Contact If Parent / Guardian Cannot Be Reached:

Name: _____ Relationship: _____ Phone Number: _____

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 !

| | Date | Church | City / State |
|------------------|-------|--------|--------------|
| Baptism: | _____ | _____ | _____ |
| First Communion: | _____ | _____ | _____ |

EMERGENCY AND HEALTH INFORMATION

While Your Child Is In Our Care It Is Important For Us To Have The Following Information...

In Case of An Emergency, If I Am Not Available, Please Contact Either of the Following Individuals.
These Individuals Also Have My Permission To Pick My Child Up From St. Jude Catholic Church

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____

I, _____, The Parent / Guardian, Give My Consent for a Staff Member of St. Jude or Volunteer to Administer Basic Treatment or First Aid to My Child for Minor Non-Life-Threatening Injuries or Illness Until I Arrive
Yes: _____ No: _____

Is Your Child Currently Taking Prescribed Medications? Yes: _____ No: _____

If Yes, Please List Medications: _____

Is There Any Medical Information, Condition, Allergy or any Special Need That We Should Be Award of Regarding Your Child and His / Her Health? (Please Explain) _____

Insurance Carrier: _____ ID #: _____

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: _____

STUDENT PHOTOGRAPH AND INFORMATION WAIVER

I Give My Permission To Allow My Child's Name, Photograph or Video Image to Be Used For Church-Relation Purposes by St. Jude Catholic Church and the Diocese of Palm Beach. The Uses of May Include But Not Be Limited To Our Parish Bulletin, Parish Website and TV Screens During Mass
Yes: _____ No: _____

Printed Name of Parent / Guardian

Signature of Parent / Guardian

Date