

Saint Patrick Confirmation Registration 2026 -2027

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Email address _____

Phone _____ Relationship _____

Phone _____ Relationship _____

Emergency Contact Name/Number: _____

CONFIRMATION YOUTH INFORMATION (GRADES 7 - 8)

Note grades! \$25.00 charge per student

Name	Birth Date (M/D/YY)	Grade	Cell Number	Medical Concerns	Are you baptized?		Have you had 1 st Communion?	
					Y	N	Y	N
					Y	N	Y	N
					Y	N	Y	N

Please get a copy of your child/ren's birth certificate(s) to the Parish Office only IF they were NOT baptized in one the churches in our Family of Parishes. If they were baptized in our Family of Parishes, please circle which one:

St. Patrick – O'Neill

St. Joseph - Amelia

St. Joseph - Atkinson

St. Boniface – Stuart

SHBC – Ss. Peter & Paul - Butte

SHBC – St. Mary - Spencer

SHBC – ABVM - Lynch

If you have a child or children that are above the age of 7 that are NOT baptized and/or have NOT received their 1st Reconciliation and/or 1st Communion, or a child that is older and has not received their Confirmation, please contact the Parish Office for information on classes.

Please complete the Release Form on the back page.

RELEASE FORMS FOR CHILDREN

YES or NO We give permission for our child, while under the direction/care of St. Patrick Catholic Church, O'Neill, Nebraska, religious education, confirmation, and/or youth ministry leaders, to have photos/videos/images taken, displayed, or used for record keeping, promotion, outreach, and celebratory purposes. We authorize church pastoral staff, volunteer advisors, and leaders to photograph, video record, and use said media for church ministries.

YES or NO In the event we are unable to be reached, and our child is injured or becomes ill, I grant permission for medical care to be administered to my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

YES or NO In the event it comes to the attention of the parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

The undersigned do hereby release, forever discharge and agree to hold harmless St. Patrick's Parish and the Archdiocese of Omaha from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child(ren).

The undersigned further agree to indemnify and hold harmless St. Patrick's Parish and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the religious education, confirmation, &/or youth ministry events on St. Patrick's property or at events for St. Patrick's religious education, confirmation &/or youth group.

Signature of Parent/Guardian _____ Date _____

We ask that each family pay \$25/child to help offset the costs of the books and supplies. Please note: do NOT let finances be the reason you do not participate. Call the Religious Education coordinator at 402-336-1602 for assistance.

\$25 x _____	= _____
Number of children	Total Due

Checks can be made payable to St. Patrick Catholic Church & included with registration.

The success of the Religious Education program at St. Patrick is dependent on our volunteers, families, and especially parents of the children. Your children's spiritual well-being, as well as all that of the other children, is worth sharing a few hours a month of your time. (All adults must be safe environment trained.) Please indicate how you will help below:

_____ I am glad to be a co-teacher for a Wednesday evening class. (Preferred Grade: _____)

_____ I am happy to substitute in for teachers as needed.

_____ I am happy to assist in the classroom as needed.

_____ Call me as you need me!

Are you safe environment trained? **YES or NO**