CONFIRMATION REGISTRATION
St. Pascal Baylon Catholic Church
2027-2028

PLEASE PRINT CLEARLY

FOR OFFICE USE

_____ Baptism Certificate

_____ Season 1 Fee--$70 (Check #_____Cash___)
Received on_____

_____ Season 2 Fee--$80 (Check #_____Cash___)
Received on_____

CANDIDATE INFORMATION

Baptismal Name

_____

(First) **(Middle)** **(Last)** **(Preferred Nickname)**

Address_____
(Street) (City) (Zip)

Home Phone_____ Cell Phone_____

Candidate Email*:_____

Lives with: ____Both parents ____Mother ____Father ____Other_____

School Attending 2026-2027_____

When and where did you last participate in faith formation/attend Catholic School?

_____
(Date) (Parish/School)

PARENT/GUARDIAN INFORMATION

Father's Name_____
First Last

Address (if different than candidate)_____

Home Phone_____ Cell Phone_____

Email*_____ Religion_____

If not living in same household: wish to receive mailings? _____Yes _____No

Mother's Name_____
First Last

Address (if different than candidate)_____

Home Phone_____ Cell Phone_____

Email*_____ Religion_____

If not living in same household: wish to receive mailings? _____Yes _____No

* *Note: Email is the simplest way to get information out quickly, and so serves as the primary means of communication for the confirmation process.*

- PLEASE COMPLETE OTHER SIDE -

BAPTISM INFORMATION FOR CANDIDATE

Church of Baptism_____ City/State_____

Date of Baptism_____

*Please provide a copy candidate's Baptismal Certificate if baptism was **NOT** at St. Pascal's.*
Contact the parish of Baptism and ask them to send a copy to Kim Roering at St. Pascal's.

PHONE NUMBER & EMAIL RELEASE

Please check one:

_____ I give permission for my son/daughter to be contacted directly by members of St. Pascal's organizations (Men's Club, Women's Club, Fall Festival Committee, etc.) via phone or email regarding service opportunities.

_____ I **DO NOT** give permission for my son/daughter to be contacted directly by St. Pascal's organizations via phone or email regarding service opportunities.

PHOTO RELEASE

Please check one:

_____ I consent to have photographs and/or videos of my son/daughter taken at confirmation-related or parish events. I understand that any photo/video would be used solely for highlighting activities at the parish and for publicity purposes. Pictures may be printed and posted on parish bulletin boards, in the parish bulletin, or displayed on parish/school webpage or social media platforms. If my child's name is used, only their first name and last initial will be published.

_____ I **DO NOT** want photographs/videos of my child used in parish publications (on bulletin boards, in bulletin, on webpage, etc.)

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, please contact

_____
(Name) (Phone)

Family Health Plan Group Number _____

Family Doctor:_____ Phone:_____

Medication my child is presently taking: _____

Allergies (including food and medications): _____

Does child carry an Epinephrine Pen (Epi-pen)? ____ YES _____ NO

_____
Parent/Guardian Signature