

SAINT ANNE CATHOLIC CHURCH CONFIRMATION *prep*

**MANDATORY
CONFIRMATION
RETREAT FOR ALL
PARTICIPANTS
DATES + FEES TBA**

THIS PROGRAM IS FOR NINTH THROUGH TWELFTH GRADE STUDENTS

Child's Name: _____ Date of Birth: _____

Age: _____ Grade Level: _____ Sex: MALE FEMALE

Child Resides With: PARENTS MOTHER FATHER GRANDPARENTS LEGAL GUARDIAN

SACRAMENTAL INFORMATION

Has this child been baptized in the Catholic Church? YES NO

Name + city of parish where sacrament was received: _____

Has this child made their first Reconciliation (Confession) in the Catholic Church? YES NO

Name + city of parish where sacrament was received: _____

Has this child received their first Holy Communion in the Catholic Church? YES NO

Name + city of parish where sacrament was received: _____

MEDICAL INFORMATION

Does this child take any medications OR have any medical conditions?
(diabetes, epilepsy, heart conditions, etc.)

YES NO If yes, please explain. _____

Does this child have any allergies? (animals, stings, hay fever, strawberries, nuts, wheat, etc.)

YES NO If yes, please explain. _____

Does this child have any allergies or adverse reactions to medications?
(penicillin, ibuprofen, acetaminophen, etc.)

YES NO If yes, please explain. _____

Does this child have any disabilities or physical or developmental limitations?

YES NO If yes, please explain. _____

As a rule, medication will not be administered by parish pastors, staff, or volunteers. The exception is at a Family Formation/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.

A COMPLETED HOUSEHOLD REGISTRATION FORM IS ALSO REQUIRED
PLEASE MAKE CHECKS PAYABLE TO ST. ANNE CATHOLIC CHURCH. ONLINE PAYMENT PORTAL AVAILABLE AT STANNEBA.WESHAREONLINE.ORG.
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