



Teen's Information

Name _____

Grade _____

Alternative Emergency Contact Person (If parents are unavailable)

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Please describe any issue you would like to make the Coordinator of Faith Formation aware of regarding your teen(s), such as medical, developmental, legal, etc. *This information will be kept confidential with the Holy Spirit staff and only shared with youth leaders or emergency/medical personnel, if necessary.*

No teen should bring medications to confirmation/PSR unless prior authorization with the Director of Religious Education.

Please Sign Only That Which Applies:

- In the event of a medical emergency for which every attempt to reach either parent, the Emergency Contact Person and/or the Alternative Emergency Contact Person listed above has failed, I hereby grant permission to have my son/daughter transported and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic.*

Signature: _____ Date: _____

- I hereby warrant that to the best of my knowledge, my daughter/son is in good health. I do not want any medical treatment to be given to my daughter/son under any circumstances. I hereby assume all responsibility for the health and well-being of my child and release from responsibility the Bishop of the Diocese of Youngstown, and Holy Spirit Catholic Church, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program, including the Director and Coordinator of Religious Education as well as all youth volunteers.*

Signature: _____ Date: _____

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Parental Agreements:

In registering my teen for Confirmation preparation program at Holy Spirit, I grant permission for them to participate in said program. By allowing them to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child(ren) and do hereby release and discharge the Bishop of the Diocese of Youngstown, Holy Spirit Catholic Church, and the agents, associates, and employees of the Bishop and Holy Spirit Catholic Church who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

Signature: _____ Date _____

Please be sure to complete the other side

Parental Agreements cont:

I am aware, or will become aware as details emerge, of the particulars of the program including times, cost, attendance, etc. and have clarified any concerns I may have with the Coordinator of Faith Formation. I agree that we shall abide by all policies and procedures of the program. I also agree that if my teen fails to abide by the regulation set forth, he/she may be dismissed from the program. The above information is accurate to the best of my ability.

Signature: _____ **Date** _____

I give permission for my son/daughter to be photographed or videoed at Holy Spirit Parish. I realize that the photo or video may be published in the newspaper, magazine, parish website, other media platforms, or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish's programs or curriculum. I understand that information on the program (including participant's names) will periodically be included in parish publications.

Signature: _____ **Date** _____

I hereby grant the Coordinator of Faith Formation or their designee, such as the catechist, permission to communicate with and contact my teen enrolled in the confirmation program. All communications with parish teens will be ministry related to matters concerning Confirmation program. The person(s) being authorized to communicate with the teen complies with the Safe Environment Policy of the Diocese of Youngstown.

Signature: _____ **Date** _____

Please contact me to discuss a matter regarding your teen or the program.

Confirmation Fee: \$100

While we do not want the fees to discourage anyone from registering their child for faith formation, we must encourage prompt payment of fees when a family registers unless other arrangements are made with the Coordinator of Faith Formation. If a family cannot pay the fees, they should contact the Cathy Kasza at the parish office, (330) 699-4500. All such information will be kept confidential.



Confirmation fees are due by July 1, 2026.

You may pay online using the QR code above or return the payment to the parish office.
Checks should be made payable to *Holy Spirit Catholic Church.*

For Office Use:

Confirmation Fee: Amount Enclosed: \$ _____ (Cash) (Check # _____)

Revised:5/1/2026