

Our Lady of Sorrows Catholic Church
Confirmation Registration Form
2020-2021

Date: _____ Registered in Parish: Yes No Church Envelope # _____ Grade: _____

Student First Name _____ Last Name _____

Male Female Date of Birth: Month _____ Day _____ Year _____ Age: _____

Address: _____ City: _____ Zip code: _____

Home Phone #: _____ E-mail: _____

Is Baptized: Yes No OLOS Other Church First Communion: Yes No OLOS Other Church

“Please bring a copy of your Child Baptism and 1st Communion Certificate”

Attended Youth Group last year? Yes No Primary Contact for the Student? Dad Mom Other

Father's Name: _____ Cell# _____ Work# _____

Mother's Name: _____ Cell# _____ Work# _____

If Living with a Legal Guardian

(please, provide legal documents i.e., **Court Documents of Legal Guardianship** and/or a **Notarized Letter** from both Parents authorizing you to register this youth for Religious Education and/or other documents as needed)

Guardian's Name: _____ Cell# _____ Work# _____

Person to contact in case of Emergency: _____ Phone# _____

Parent or Legal Guardian Signature: _____ Date: _____

For Office Use Only:

Registration Fee: **\$25.00**

Cash \$: _____ Check#: _____ Credit: _____ Date: _____

Other payment arrangement: _____ Initials: _____

Brought copy of Baptism Certificate: Yes No

Please fill out both sides of this form completely and then submit it to the Religious Education Office!



Permission for Photo/Video/Virtual Access and Medical Treatment Waiver

I, _____, am the parent/legal guardian of _____
(Please print full name) (Please print Child's full name)

Photo/Video/Virtual Access Permission

I hereby give permission for my child to be photographed, videotaped, and have virtual access at or through Our Lady of Sorrows Catholic Church Programs for the entire time registered in Religious Education. The photo and/or video of my Son/Daughter may be used for informational, educational, or promotional purposes regarding our Religious Education Programs.

Medical Treatment Waiver

Do hereby give my permission for my child to attend Our Lady of Sorrows Catholic Church Religious Education and be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education, Religious Education Assistant, or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Archdiocese of Santa Fe, the parish, its staff, or the adult chaperones responsible. In case of emergency, if I am not available at the above address and phone, please contact:

Emergency contact: _____ Relation: _____ Cell# _____

Is your child allergic to any foods or medicines? Yes No

If yes, please list them: _____

Does your child have any of these physical concerns that we need to be aware of?

- Asthma ADD Autism Hyperactivity Poor Eyesight Reading
Writing Speaking Hearing Other _____

(If you have any questions, please contact the Religious Education Office)

Other people authorized to pick up my child:

Name: _____ Relation: _____ Cell # _____

Name: _____ Relation: _____ Cell # _____

I have read and completed the above information and certify that I have disclosed all information to the best of my knowledge. I approve of all permissions and waivers listed herein.

Parent/Legal Guardian Signature: _____ Date: _____