

St. Edmond Catholic Church
2024-2025, Grades 10 & 9
CONFIRMATION RELIGIOUS EDUCATION REGISTRATION

Student's Name: _____ Sex: M F
(Last) (First) (Full middle name) (circle one)
Date of Birth _____ School attending: _____ Grade Level 2024-2025 _____
Attended 8th CCD: Yes _____ No _____ Where _____

If new to our religious education program, a copy of your child's Baptismal and First Communion records are needed even if they received these Sacraments here at St. Edmond.

Registered Member of St. Edmond Parish Yes _____ No _____ How many years? _____

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

FATHER'S NAME: _____
(Father's last name) (Father's first name)

Father's Primary Email Address: _____

MOTHER'S NAME: _____
(Mother's last name) (Mother's first name) (Maiden name)

Mother's Primary Email Address: _____

Street address: _____ City: _____

Mailing address: _____ Zip: _____

Mom's work phone#: _____ Dad's work phone#: _____

Mom's cell #: _____ Dad's cell #: _____

Child lives with: (circle the one which applies to your circumstance)

- Father & Mother Single Mother Single Father
Mother & Stepfather Father & Stepmother Grandparents Guardian/Other

REGISTRATION FEE (due by Aug 2) is \$95.00. The registration fee is NONREFUNDABLE.

IMPORTANT DETAILS:

- Out-of-Parish Fee: Additional \$35.00 with a letter from your church parish granting permission to confirm out of parish.
- Confirmation candidates are required to attend classes each Sunday from 5-8pm. The 5pm Mass is considered part of class. Both candidate and a parent/guardian are also required to sign-in before every Sunday Mass and before every Holy Day of Obligation Mass on an attendance sheet located in the entrance of the church. Frequent absences may result in a delay in receiving the sacrament of Confirmation.
- If your teen attends Mass somewhere other than St. Edmond's, they must have that church's bulletin signed by that church's priest after Mass, write their name on the bulletin cover, and then turn it in to one of their instructors or scan and email it to me at religioused@st-edmond.org.
- For in the event of an emergency, parents/guardians will receive contact information for each Lifeteen instructor. Therefore, no cell phones, smart watches, or any other smart device will be allowed in class. These are to remain in the vehicle or at home. Thank you, in advance, for your co-operation.

Sponsor Information

Name: _____ Phone: _____

Relationship with this candidate: _____ Email Address: _____

Church parish: _____ His/Her Confirmation Date: _____

FOR OFFICE USE ONLY

Date Registration Received _____ Date Fees Received _____ Check: # _____ \$ _____ Cash \$ _____

Please do not forget to complete page 2.

Emergency Contact Person 1: _____
(Other than parents)

(Home #) (Work #) (Cell #)

Emergency Contact Person 2: _____
(Other than parents)

(Home #) (Work #) (Cell #)

Is your child on any medication of which we need to be aware? If yes, please list medication(s).

Does your child have any illnesses, allergies, or disabilities of which we need to be aware?

Does your child have any type of special needs?

PHOTO RELEASE

I, the parent/legal guardian of, _____, grant my expressed permission for the St. Edmond Catholic Church to photograph my child while attending classes and/or participating in activities connected to our program.

___ Agree ___ Disagree I give permission for my child's photograph to be taken as per the above referenced activity.
___ Agree ___ Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs. By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against all claims, damages or suits which may arise from the use of these pictures taken during the CCD activities.

Signature of Parent: _____ Date: _____

MEDICAL RELEASE

This is to inform you that _____ has my permission to attend and participate in all St. Edmond CCD activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in all such activities.

Signature of Parent: _____ Date: _____

I understand that not all students and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: _____ Date: _____

ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM

Permission is hereby granted to the person in charge during St. Edmond CCD to call 911 for ambulance and medical assistance for my child, _____, if deemed necessary. Every precaution will be taken to prevent an accident or injury, however in the event of accident or illness, I will assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult volunteers financially liable.

Signature of Parent: _____ Date: _____