

**ST. CHARLES PARISH – SAN CARLOS, CA  
LEVEL ONE CONFIRMATION REGISTRATION - 2017-2018**

**FAMILY INFORMATION - PLEASE PRINT** (One form per child)

Family Name \_\_\_\_\_ Parent's first names: \_\_\_\_\_

Address \_\_\_\_\_  
*Street* *City, Zip*

**Father's** Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother's** Full Name \_\_\_\_\_ **Maiden Name** \_\_\_\_\_  
(Needed for Church Records)

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Family E-mail Address \_\_\_\_\_

**Important:** If your child was **not** baptized at St. Charles, **please attach a copy of each child's Baptismal Certificate, if you have not done this already. This is necessary for our records and to inform your child's baptismal church (where your permanent sacramental records are kept) of any sacraments they receive.**

**Student's Name** \_\_\_\_\_  
FIRST MIDDLE LAST

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(As of 8/2017)

Place and Date of Baptism: \_\_\_\_\_  
Church/City/State Date

Place and Date of 1<sup>st</sup> Penance: \_\_\_\_\_  
Church/City/State Date

Place and Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_  
Church/City/State Date

**Registration period: March 16 through April 15**

**Level One "EARLY BIRD" REGISTRATION FEES: \$50 per student -- if registered before April 15, 2017. (For those who are entering into Confirmation for the first time.)**

**LATE REGISTRATION: If registering after 4/15/2017: \$60 per student.**

**Return registration form and fee to:** (Make checks payable to St. Charles Church)

**St. Charles Church –Confirmation One – C/O Tami Palladino  
880 Tamarack Ave. San Carlos, CA 94070**

**Financial concerns should never prohibit preparation for the sacrament of Confirmation. Please contact Tami Palladino (info below) if you need to request a scholarship.**

**Questions? Contact Tami Palladino, Coordinator, Youth Ministry:  
591-7349 ext. 405 [tami@stcharlesparish.org](mailto:tami@stcharlesparish.org)**

-----**PLEASE COMPLETE BOTH SIDES OF THIS FORM**-----

**St. Charles Church – San Carlos, CA**  
**CONFIRMATION LEVEL ONE PROGRAM**

Permission/Acknowledgment /Emergency Information - 2017-2018

**Permission/Acknowledgement:**

I give permission for my child to participate in Confirmation Level One Program activities/classes during the 2017-18 school year. I agree to direct my child to cooperate and conform to the directions of the personnel responsible for these Confirmation activities/classes.

I agree that in the event that my child is injured as a result of his/her participation in these Confirmation Program activities/classes, whether or not caused by the Confirmation program or any of its agents or employees, recourse for the payment of any medical costs will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse. In the event that I cannot be reached in case of an emergency, I give permission for the adult leader in charge to authorize any necessary medical treatment for my child.

I consent to the use of video and/or photographs in which my child may appear on the Parish website. I understand that these materials are being used for promotion of the parish Confirmation programs and/or activities.

By enrolling your child in the Confirmation Program of St. Charles Parish, you are thereby agreeing to support all parish policies, rules, and regulations.

**Parent/Guardian**

NAME (Please Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**Parent/Guardian**

NAME (Please Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Medical Information:**                    **----- PLEASE PRINT LEGIBLY-----**

**Child's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Allergies** \_\_\_\_\_ **Medications** \_\_\_\_\_

**Other information (including restrictions on activity, health conditions) of which we should be aware:**

**Parent/Guardian Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** *(please list 2 people who may be called in case you can't be reached)*

\_\_\_\_\_  
Name Phone Relationship to child

\_\_\_\_\_  
Name Phone Relationship to child

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**Please be sure to complete BOTH SIDES of this form. ORIGINAL must be submitted, with fees, by 4-15-17.**  
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