

**ST. CHARLES PARISH – SAN CARLOS, CA
LEVEL TWO 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 1st Penance: _____
Church/City/State Date

Place and Date of 1st Eucharist: _____
Church/City/State Date

Registration period: March 16 through April 15

Level Two "EARLY BIRD" REGISTRATION FEES: \$145 per student -- if registered before April 15, 2017. (For those who have already completed Confirmation Level One.)

LATE REGISTRATION: If registering after 4/15/2017: \$155 per student.

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

**St. Charles Church –Confirmation Two – 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**

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

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

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