

5205 A1A South, St. Augustine, FL 32080
Phone: 904.471.5364; email: dre@saccfl.org

Confirmation Preparation & Retreat Registration 2021-2022

Today's Date: _____

*Student's Full Name: _____

(As appears on Baptismal Cert.) LAST FIRST FULL MIDDLE

*Date of Birth: _____ *Place of Birth: _____ *Gender: ☐ M ☐ F

*Name of Current School (2021-2022) _____ *Grade: _____

*Indicate type of Religious Education Program attended last year [2020-2021]:

_____ Parish Religious Education _____ PREP Home Study _____ Catholic School _____ Catholic Home School

*Indicate type of Religious Education Program enrolling in 2021-2022:

_____ Parish Religious Education _____ PREP Home Study _____ Catholic School _____ Catholic Home School

*Baptism - Name and Full Address of Church: _____

(A copy of the candidate's baptismal certificate required)

*First Communion (Church, City, State): _____

*Parent/Guardian Last Name: _____

*Parent/Guardians' Names: _____
MOTHER/GUARDIAN FATHER/GUARDIAN

*Mother's Maiden Name: _____

*Address: _____
STREET CITY ZIP

*Contact Phone Numbers: _____
MOTHER/GUARDIAN FATHER/GUARDIAN

*Contact Email: _____
MOTHER/GUARDIAN FATHER/GUARDIAN

*Please list any special situations we should be aware of regarding your child: (Allergies, dietary restrictions...)

Emergency Contact: In the event you cannot be reached, please list the following:

Name: _____ Phone: _____

Program & Retreat Fees:

☐ 1 child: \$75.00 ☐ 2 children: \$90.00

Credit cards accepted. ☐ Visa ☐ MasterCard

Acct. #: _____

CIV #: _____ Expiration Date: _____

Scholarships available – Contact Denise Pressley at the Parish Office

For Office Use Only

Baptismal Certificate: _____

Orientation: _____

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

Session 5: _____

Retreat: _____

Rehearsal: _____

Confirmation: _____

Amount Due: _____

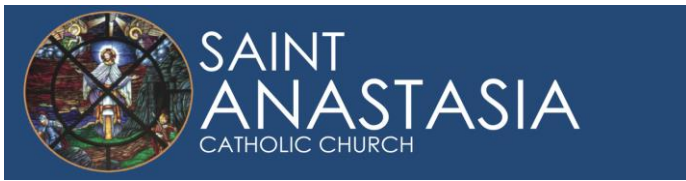
Amount Paid: _____

Date: _____

Check # _____ Cash: _____

Credit Card: _____

Please complete both sides of this form



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Parent Permission and Release of Liability

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: St. Anastasia Catholic Church

Name of Program: Confirmation Preparation

Dates: November 14, December 12, 2021; January 9, February 5 & 13, March 27, April 10, April 29, 2022

The above child is eligible to participate in above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____ Date: _____

Please complete both sides of this form