



SAINT  
ANASTASIA  
CATHOLIC CHURCH

## Confirmation Preparation & Retreat Registration 2025-2026

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

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 [2025-2026] \_\_\_\_\_ \*Grade: \_\_\_\_\_

\*Indicate type of Religious Education Program attended last year [2024-2025]:

\_\_\_\_\_ Parish Religious Education \_\_\_\_\_ PREP Home Study \_\_\_\_\_ Catholic School \_\_\_\_\_ Catholic Home School

\*Indicate type of Religious Education Program enrolling in 2025-2026:

\_\_\_\_\_ Parish Religious Education \_\_\_\_\_ PREP Home Study \_\_\_\_\_ Catholic School \_\_\_\_\_ Catholic Home School

\*Baptism - Name and Address of Church: \_\_\_\_\_

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

\*First Communion (Church, City, State): \_\_\_\_\_

\*Parent/Guardians' Last Name: \_\_\_\_\_  
MOTHER'S MAIDAN NAME FATHER/GUARDIAN

\*Parent/Guardians' First Name: \_\_\_\_\_  
MOTHER/GUARDIAN FATHER/GUARDIAN

\*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:

### Program & Retreat Fees:

☐ 1 child: \$80.00 ☐ 2 children: \$95.00

Credit cards accepted. ☐ Visa ☐ MasterCard

Acct. #: \_\_\_\_\_

Sec Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Scholarships available – Contact Denise Pressley at the Parish Office

### For Office Use Only

Baptismal Certificate: \_\_\_\_\_

Orientation: \_\_\_\_\_

Luncheon: \_\_\_\_\_

Session 1: \_\_\_\_\_

Session 2: \_\_\_\_\_

Session 3: \_\_\_\_\_

Session 4: \_\_\_\_\_

Retreat: \_\_\_\_\_

Rehearsal: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Please complete both sides of this form



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### Diocese of St. Augustine 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: Sacrament of Confirmation Preparation

Dates: Sept. 21, Nov. 2, Nov. 30, 2025; Jan. 18, Feb. 7, Feb. 15, March 15, April 17, 2026

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 Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier, 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**