

2024-2025

Confirmation Registration

Classes begin November 13th, 2024

Wednesdays 6:30 p.m. - 8:00 p.m.

(8 - 12 grade)

Name of Child: _____ Grade: _____

Home phone number: _____ Text Number: _____

Emergency contact phone number: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Email: _____

Father's name: _____

Mother's full maiden name: _____

Confirmation Godparent: _____

Confirmation name (Your Confirmation Saint): _____

Date of Baptism: * _____

Church of Baptism: _____

Address of church of Baptism: _____

Are you registered at our Parish? _____ If not, where? _____

Please mark what sacraments you have received:

Baptism _____ First Penance _____ First Communion _____ Confirmation _____

**Please bring a copy of your baptismal certificate attached to this registration form.*

Requirements for confirmation candidates. The student must be at least a freshman.

1. Partake regularly in Mass.
2. Attendance – 18 sessions total (make-up sessions if any are missed).
Reflection Sessions will review the Lessons by including guest speakers and their personal relationships with the Holy Spirit)
3. Service Project – 5 hours' group and 5 hours' individual
4. Attend a Retreat.
5. Patron Saint essay
6. Discernment Letter.
7. Registration Fee: \$35.00

Requirements for Godparents / Sponsors

Canon 874 §1. To be permitted to take on the function of sponsor a person must:

1. be designated by the one to be baptized, by the parents or the person who takes their place, or in their absence by the pastor or minister and have the aptitude and intention of fulfilling this function;
2. have completed the sixteenth year of age, unless the diocesan bishop has established another age, or the pastor or minister has granted an exception for a just cause;
3. be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on;
4. not be bound by any canonical penalty legitimately imposed or declared;
5. not be the father or mother of the one to be baptized.

Date Received by OLL Office: _____ Received by (Initials): _____ Amt Paid: _____ Receipt #: _____

Parental Emergency Medical Release Form
Forma de Libertad Médica En Emergencias

In case of a medical or dental emergency, I _____

(En caso de emergencia médica o dental, yo) _____ *(your name/ su nombre)*

give permission to the members of Our Lady of Lourdes Parish Continuing Religious Education Team to seek any necessary treatment for my child

(doy permiso a los miembros del equipo de educación religiosa de la Nuestra Señora de Lourdes de buscar ayuda para mi hijo(a))

(name of the child/ nombre del hijo)

I will be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization.

(Yo sé responsable y estoy de acuerdo de pagar todos los costos y gastos en conexión con cualquier tratamiento médico o dental dados con mi autorización)

I am aware that private or public transportation will be used.

(Soy consiente que transporte privado o público será usado)

I have read this Parental Permission and Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Yo he leído este permiso de libertad de los padres y entiendo todos sus términos. Yo lo afirmo voluntariamente y con todo el derecho de su significado.

(parent-guardian's signature/ firma del padre o guardián)

(date/ día)

The following information is needed by any hospital or practitioner not having access to the minor's medical history:

(Esta información es necesaria para cualquier hospital o doctor que no tenga acceso a la historia médica del menor:)

Allergies: _____

Alergias

Medications presently taking: _____

Medicinas que en el presente está tomando

Date of last tetanus shot: _____

Ultima vez que lo vacunaron del tétano

Family Physician & Phone Number: _____

Medico familiar y numero de teléfono

Medical Insurance Company: _____

Compañía de Seguro Médico

Policy/Identification Number: _____

Póliza/ Número de Identificación

Any other pertinent information (asthma, medical condition): _____

Cualquier otra información (asma, otra enfermedad)