

Confirmation Registration (Grade/ Grado 9-12)

Baptismal Name: _____
Nombre De Bautismo Completo Del Niño(a)

Confirmation name (Your favorite Saint): _____

Home phone number: _____
Teléfono De Casa

Emergency contact phone number: _____
Teléfono En Caso De Emergencia

Address: _____ **Zip Code:** _____
Dirección Código Postal

Place of Birth: _____ **Date of Birth:** _____
Lugar De Nacimiento Fecha De Nacimiento

Grade/ Grado: _____ **Age/ Edad:** _____ **School Attending/Escuela:** _____

E-mail _____

Father's name: _____
Nombre Del Padre

Mother's name and maiden name: _____
Nombre Y Apellido de Soltera de la Madre

Are you registered at our Parish? _____ **If not, where?** _____
¿Está Registrado En La Parroquia? Si no, ¿Dónde?

Godparent (Only one) _____

Date of Baptism: * _____ **Church of Baptism:** _____
Día de Bautismo Lugar De Bautismo

Address of church of Baptism: _____

**If you were not baptized at St. Peter Claver, you must bring a copy of your baptismal certificate attached to this registration form.*

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

Partake regularly in Mass. **Attendance** – 2 years (make-up sessions if any are missed).

Attend a Retreat. Patron Saint essay. Discernment Letter. Service Project /volunteer hours: 20

Registration Fee: \$40.00 per child

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 confirmed.

Date Received by SPC 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) *(Parent/ Guardian Name / Nombre del Padre/Guardian)*

give permission to the members of St. Peter Claver Parish Religious Education Team to seek any necessary treatment for my child

(doy permiso a los miembros del equipo de educación religiosa de San Pedro Claver 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 seré 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: _____

(Última vez que lo vacunaron del tétano)

Family Physician & Phone Number: _____

(Médico familiar y número 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):

