



Confirmation Preparation

Mother of Sorrows Church

Sunday Morning Faith Formation

6th – 8th grade

2022-2023



The information you provide to us on this form will be used exclusively for Mother of Sorrows Faith Formation.

Thank you.

Registered Parishioners? _____ **Parish Name:** _____

Family Name: _____

Mailing Address: _____

Preferred Phone Number: _____

(Please identify whose phone number this is and whether home or cell phone)

Preferred Email: _____

(Please provide an email that you check regularly as this will be the form of primary communication with families and identify whose email address this is)

Parent's Names (First&Last): _____

Secondary Phone Number: _____

Secondary Email: _____

Emergency Contact: _____

Phone Number: _____

(Please identify whether this is a home or cell phone number)-

Relationship to Child: _____

Registration fee is \$75.00 per child. Fee payable by VENMO, cash or check payable to Mother of Sorrows Church.

Registration form/fee can be returned to the Parish Office in envelope marked "Sunday Faith Formation"

or via email: ehaberstroh@dioceseofgreensburg.org.

Thank you.

OVER

Office Use:

Date Received: _____

Check #: _____ or Cash _____ Amount: _____

Child's Name: _____

Date of Birth: _____ Current Age: _____ Grade Level: _____

Child's Gender (circle one): M or F Name of School Attending: _____

Sacrament Information (Please indicate sacraments received, circle "Yes" or "No")

+Baptism: Yes or No

Roman Catholic or Other Christian Denomination: _____
(Please indicate denomination)

+First Reconciliation: Yes or No +First Communion: Yes or No

+Confirmation: Yes or No

Child's Name: _____

Date of Birth: _____ Current Age: _____ Grade Level: _____

Child's Gender (circle one): M or F Name of School Attending: _____

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+Confirmation: Yes or No

Parent's Signature: _____

MEDICAL INFORMATION/RELEASE AND PHOTOGRAPHIC RELEASE

Child's Name:

- 1. Does your child have any allergies? YES _____ NO _____
If "YES", please list:

What happens to your child when they have this allergy?

- 2. Does your child carry an Epi-Pen or have medication of any type with them (Please list)?
- 3. Are there any other physical or emotional conditions of which we should be aware? Please explain.

We do hereby release and forever discharge the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and designated employees and volunteers from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above-mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

We hereby grant to the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following: 1. To include such photographs on the Diocese of Greensburg website, on print material, and parish advertisements. 2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

_____ Date _____

PARENT/GUARDIAN SIGNATURE

I hereby certify that I am the parent and/or guardian of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor for use in parish and/or diocesan social media, website, advertisements, newspapers, etc.

Parent/Guardian Signature: _____ Date: _____

Is there any other information we should know about your children or family?