

CONFIRMATION

SACRAMENTAL PREPARATION REGISTRATION - 2020 - 2022

Holy Cross Parish; 4492 Lake Ave. Rochester, NY 14612

Parent e-mail –

First NAME Middle NAME Last NAME BIRTH DATE

ADDRESS _____

RECORD of BAPTISM: If your child was not baptized at Holy Cross, his or her official baptismal certificate must be attached to this registration form.

Baptized at what Church? _____ Date _____

- Are you members of Holy Cross Parish? _____ If not, what is your home parish? _____
- My Child has received the sacrament of: **Reconciliation** Year _____ Church Received _____
Eucharist Year _____ Church Received _____

Grade in Fall 2020 _____ Public School Attending _____ **OR**
Catholic School Attending _____

MOTHER'S NAME _____

MOTHER'S MAIDEN NAME _____ PHONE _____

ADDRESS _____
(If different from child's)

FATHER'S NAME _____ PHONE _____

ADDRESS _____
(If different from child's)

I give permission for my child listed above to participate in all activities for the sacrament of Confirmation. I will list on the back of this form, any medical concerns, food allergies or other personal situations that the Religious Education Office needs to be aware of. In case of emergency, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation. I also give permission for the use of photographs and video of and including my child to be used in church publicity.

Signature of parent/guardian _____

Date _____

FEE Confirmation \$25.00

Checks payable to: Holy Cross

mary.toot@dor.org Elizabeth.Cilano@dor.org