

Saint Ambrose Confirmation Registration 2018-2019



Candidate's Baptismal Name: _____

Name you prefer to go by: _____

IN ORDER TO BE REGISTERED FOR THE CONFIRMATION PROGRAM,
Please attach a **COPY OF THE CANDIDATE'S BAPTISMAL CERTIFICATE**.
(Not necessary if baptized at St. Ambrose, please list date below)

Baptismal Date: _____ Church of Baptism: _____
(Month) (Day) (Year) (City, State and Zip)

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year) (City, State and Zip)

First Eucharist Date: _____ Church of First Eucharist: _____
(Month) (Day) (Year) (City, State and Zip)

Grade for 2018-2019 School Year: _____ High School attending: _____

Family Name as Registered (if different from Baptismal Name): _____

Home Address: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

E-Mail address: _____
(Please specify Mother, Father, Other)

Father's Name: _____ Religion _____ Yes No
Baptized Confirmed

Mother's Name: _____ Religion _____ Yes No
Baptized Confirmed

Mother's Maiden Name: _____

Students Previous Religious Education: _____ St. Ambrose Grade School Grade _____ through _____
 _____ Other Catholic Grade School Grade _____ through _____
 _____ St. Ambrose PSR Program Grade _____ through _____
 _____ Other Catholic PSR Program Grade _____ through _____

Are you (or any family member) a graduate of St. Ambrose? _____ Year _____

Name (maiden if applies) _____ (Please specify Mother, Father, Other)

Sacramental Preparation Fee:

\$60.00 per candidate **DUE March 15, 2018**
Financial assistance is available if needed

Total enclosed \$ _____

Visa/MC Account # _____ / _____ / _____ / _____ Exp. Date _____ / _____
(Circle One)

Make checks payable to St. Ambrose Church

Office Use Only: Check # _____ / Cash / Charge
 Received _____ / _____ / _____
 Filed in PDS _____ / _____ / _____ Baptismal Certificate _____ Amount \$ _____

**Please return to St. Ambrose Religious Education Office
929 Pearl Rd. Brunswick Ohio 44212
330-460-7388**

Emergency Medical Authorization Form
Saint Ambrose Religious Education Program

(Office Use)

2018-2019

Child's Name _____ Gender M / F Grade _____ Age _____

Parent/Guardian Names _____

Birth date _____ Home phone _____ Cell _____

Address _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part 1-Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital.

The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part II-Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my minor child _____ age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his participation at St. Ambrose programs by an employee, agent or representative of St. Ambrose or independent contractor.

This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of St. Ambrose and may be used by St. Ambrose for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

PARENT(S)/GUARDIAN SIGNATURE _____ **DATE** _____

Please return to: St. Ambrose PSR Office 929 Pearl Rd. Brunswick, Ohio 44212 330-460-7387

Saint Ambrose Confirmation Parent Partnership Form

2018-2019

We are excited that your child is entering our Confirmation formation process. God has great things in store in this process. Christian initiation began when your child was baptized and entered into God's family and our Catholic community. The Christian initiation that we continue is...

- a gradual process of conversion and spiritual growth led God's grace and the Holy Spirit;
- that forms new Christian disciples through Baptism, Eucharist, and Confirmation;
- who learn the Christian faith by example and apprenticeship in the Christian community;
- so they will believe, worship, and live as Christians in the world.

The role of parents is **ESSENTIAL** to our Confirmation formation process. Overwhelming research says that parent's practicing their faith is the number one factor and most important influence that will determine if a child has or practices their Christian faith. The primary ways that you do that is living your faith at home, celebrating the sacraments, and engaging in the Confirmation process with and for your child and all the Confirmation candidates. Please complete the following re your role.

Parent Name: _____ **Best Contact Number:** _____

Email: _____

Circle all areas of interest, strengths, or skills for your engagement in our Confirmation program. Everyone has talents to contribute in the faith apprenticeship of our young people. We cannot do this without you. Circle your areas of interest. We will contact you for further conversation. God bless you!

Confirmation Team	Prayer Support	Service Projects	Music and Worship
Kitchen Crew	Art and Environment	Drama and Theatre	Provide Snacks
Retreat Team	Organizational Help	Youth Ministry Volunteer	Financial Support

Other gifts or talents you have to share – what you love to do for God and others... _____

Our Confirmation team is committed to partnering with you for the benefit of your child and every child in Saint Ambrose Catholic community. We cannot do it without you. Please pray and do all that you can to support all of our young people that they will grow to know, love, and serve the Lord in ways that profoundly direct their lives now and in the future. We welcome your observations and comments below as we begin this exciting journey. Thank you and God bless you.
