

# Saint Ambrose Confirmation Registration 2021-2022



Candidate's Full 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 2021—2022 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: \_\_\_\_\_ D.O.B \_\_\_\_\_ Religion \_\_\_\_\_ Yes No Yes No  
Baptized Confirmed

Mother: \_\_\_\_\_ D.O.B \_\_\_\_\_ Religion \_\_\_\_\_ Yes No 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 April 15, 2021**

**Total enclosed \$** \_\_\_\_\_

*Financial assistance is available if needed*

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

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

**Return to Saint Ambrose PSR Office  
929 Pearl Rd. Brunswick Ohio 44212  
330-460-7387**

# Emergency Medical Authorization Form

## Saint Ambrose Confirmation Program

(Office Use)

Child's Full Name \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Her Cell \_\_\_\_\_ His Cell \_\_\_\_\_

Address \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical issues/concerns: \_\_\_\_\_

List any 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 I-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 \_\_\_\_\_ 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 Saint Ambrose programs by an employee, agent or representative of Saint Ambrose or independent contractor.

This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of Saint Ambrose and may be used by Saint 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 \_\_\_\_\_

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# Saint Ambrose Confirmation Parent Partnership Form

## 2021-2022

The role of parents is **ESSENTIAL** to our Confirmation formation process. Overwhelming research says that parents 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 are...

- Living your faith at home
- Celebrating the sacraments
- Engaging in the Confirmation process with and for your child and all the Confirmation candidates.

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. We will contact you with further information. Thank you in advance for your support!

Confirmation Team*	Prayer Support	Service Projects	Music & Worship
Kitchen Crew	Art & Environment	Living Stations	Provide Snacks
Retreat Team	Organizational Help	Athletic Event	Parent Driver/Chaperone

Other: \_\_\_\_\_

\*Confirmation Team – Confirmation Team members help facilitate the Confirmation Small Group sessions. There are small groups at different days and times, so we can work with you on what fits best with your schedule. All materials and resources will be provided in advance.