

Saint Ambrose Confirmation Registration 2022-2023



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 2022—2023 School Year: _____ High School attending: _____

Tee Shirt Size (circle one): Adult S Adult M Adult L Adult XL Adult XXL Other: _____

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, 2022**
Financial assistance is available if needed

Total enclosed \$ _____

Visa/MC Account # _____ / _____ / _____ Exp. Date _____ / _____

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

(Circle One)

Make checks payable to St. Ambrose Church

Emergency Medical Authorization Form

Saint Ambrose Religious Education 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 _____

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

Saint Ambrose Confirmation Parent Partnership Form 2022-2023

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 & frequently bringing your family to Mass
- Engaging in the Confirmation process with and for your child and all our teens

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.

fiat
Confirming our yes!

CONFIRMATION SERVICE SIGN UP FORM

Teen's Name: _____

Phone: _____

Preferred E-mail Address to Contact You: _____

Part of Confirmation formation includes engaging in service opportunities. This sheet has opportunities listed for you to complete that requirement – please select any that interest you. Please mark any service opportunities that you wish to be contacted about. By marking an event you are not committing to the event, but will be contacted about the opportunity to volunteer.

*****Please return completed form to the Parish Office by September 1st*****

LITURGY: These teens will serve during weekend Masses. Indicate below any way(s) you would like to assist during the liturgy:

- Band Member:** If you play any type of musical instrument, we need you!
- Choir Member:** Share your gift of song in the choir!
- Greeter:** Become part of the Greeter Ministry and welcome people to Mass each week, pass out hymnals, and provide a smiling face.
- Lector:** If you enjoy public speaking, you can learn to proclaim the Word of God at Mass. Lector training required. Assignments average once a month.
- Server:** Become an important part of Mass as an altar server. Assignments are every few weeks. Upcoming training will be announced once scheduled.
- Usher:** Help people find seats, assist with the collection, and direct people during communion. Training session required and you will be contacted. Assignments every few weeks

TEEN CATECHIST: These teens will help serve in the classroom as PSR aids and assistants for the duration of the school year. Please indicate below how you would like to help with PSR, Preschool, CLoW or Junior High.

- PSR Teen Assistant:** Help with either PSR Grades 1-6 or the younger children in the Preschool PSR programs! Requires a training session in August. Limited spots available. **Please "X" the times you are available:**

1.) Preschool PSR: _____ Sundays 8:45am – 10:15am _____ Sundays 10:15am – 11:45am

2.) PSR: _____ Monday 6:30 – 8 pm _____ Wednesday 4:30 – 6:00 pm

3.) Children's Liturgy of the Word (CLoW), during Mass at the following times:

_____ Saturday 4:30 pm Mass _____ Sunday 9:00am Mass _____ Sunday 10:30 am Mass

- Junior High Table Assistant for grades 7 and 8:** Work with the adult volunteer to welcome Junior High teens and generate enthusiasm for participation. Requires a training session in August. **Please "X" times you are available:**

_____ Monday 6:30–8:00pm _____ Wednesday 4:30 - 6:00pm

- PSR Retreat Team:** work with other teen volunteers & adult volunteers to plan and facilitate retreats for younger PSR students

PARISH/COMMUNITY EVENTS

Summer

- Summer Service Days
- Vacation Bible School (July 11-15)
- The FEST (August 7)

Fall

- Autumn Harvest Festival
- Community Day
- Thanksgiving Meal Prep

Winter

- Parish Christmas Events
- Souper Bowl of Caring

Spring

- Fish Fry – Fridays in Lent
- Lent Soup Suppers
- Community Day

“For the Son of Man did not come to be served but to serve...”

-Mark 10:45

fiat
Confirming our yes!