## Sacred Heart

## Sacramental Information Form for Confirmation

Candidate's Name:					
First		Middle		Last	
Date of Birth:Grad	de:	_School:			
Address:	City:				Zip:
Phone #:	Email:				
Parent(s)/Guardian(s) Name(s):					
Father's Religion:	Mothe	r's Religio	on:		
Are you a member of Sacred Heart? (circle one)	Yes	No			
If no, where are you registered?					
Was your child baptized at Sacred Heart? (circle	one) Yes	No	If no, which chur	ch were they	baptized in?
Name of Church		(	City, State		
Please note: If your child was baptized at Sacred Heart, you do not need to provide a baptismal certificate, if not, you will need to provide the baptismal certificate. See instructions below					
Please circle all of the Sacraments your child has	received:	Baptisn	n First Pena	ance	First Eucharist
Please note: The candidate must have been involution School in the 2018-2019 school year.	ved in a R	<u>eligious I</u>	Education Program	<u>m or have att</u>	ended Catholic
<ul> <li>If your child was NOT baptized at Sacred Heart:</li> <li>a.) Contact the church where your child was baptized. They can fax a copy of your child's Baptismal Certificate to 231-733-5128.</li> <li>b.) Or the certificate can be mailed to Sacred Heart, 150 E. Summit Ave, Muskegon MI 49444 Phone #: 231-733-2440</li> </ul>					

Is there any medical information that we should be aware of for your child?

I give permission for my child's photograph and/or video and Art Work taken in class or during related activities to be displayed within the Church and in Church publications/website/social media. (circle one) Yes No

I give permission for my name, address, phone number, email address to be placed on a class list and distributed to parents of the children in that class. (circle one) Yes No

I give permission for first aid to be given to my child if needed by a staff member. (circle one) Yes No

Health Insurance Data:		
Company Name:	_Contract #:	
Policy Number:	_Group #:	
Family Physician Name:	_Phone:	
As legal guardian, I hereby authorize first aid/medical treatment for the which may endanger his/her life or cause undue discomfort if delayed. person listed on this form as soon as reasonably possible. In the event treatment and I cannot be reached in an emergency, I hereby give my hospitalize, secure medical treatment, and/or an injection, anesthesia of	It is understood that efforts will be made to contact the that the aforementioned requires my authorization for permission to the physician selected by the DRE to	
I understand all reasonable safety precautions will be taken at all times by the parish and its agents during education programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Sacred Heart Parish or St. Thomas Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, or injuries by the aforementioned.		
Legal Guardian's Signature:	Date:	

Fee for registration: \$25.00 per child or \$75.00 per family (maximum for all children registered in the religious education or sacrament preparation program.

Office Use Only			
Date Registration Received	Amount Due		
Cash Check #	Amount Paid		
Date Paid			