



St. Mary of the Assumption Parish
212 Dayton Street, Phoenixville, PA 19460
610.933.2526 or parishoffice@stmaryassumption

School Year:

CONFIRMATION APPLICATION				
	___/___/2020	Candidates Full Baptism Name	Mother/Guardian	Father/Guardian
NAME	First			
	Middle			
	Last			
	Maiden			
CONTACT INFO	Street Address #1			
	Street Address #2			
	City			
	State			
	Zip Code			
	Phone-cell			
	Phone – work/alt			
	Email			
BAPTISM	Birth date			
	Baptism date			
	Baptism church			
	Baptism church loc			
CANDIDATE	Current school			
	Current grade			
	Specify any learning concerns			
	Specify any medical concerns	Yes or No	If yes, please complete the medical section on page 2 of this application.	
	Confirmation Name			
SPONSOR (REQUIRED)	Name (F,M,L)			
	Current Church, Loc			
	Confirmation Year			
	Relationship to Candidate		Letter required from Sponsor’s Church? Must be provided 30 days in advance of confirmation.	Yes or No
	Phone-Cell	Email:		
	✓ The Confirmation Sponsor must be at least 16 years of age and practice the Catholic faith. In the event the Sponsor is not from St. Mary’s Parish, they will need written approval from their current Parish to be accepted as a Sponsor.			

PARENT/GUARDIAN (REQUIRED)

Parent/Guardian,

I will read the Parent Handbook made available at Family Orientation and agree to the requirements and expectations of the St. Mary's Parish PREP and Sacramental Program.

_____ I give permission

_____ I do not give permission

for my child's picture (with the understanding that my child will not be identified by name) to appear on the church bulletin boards, local newspaper advertisements or articles, and St. Mary's web page in relation to events that happen in the parish.

I understand that in Sacramental years my child's full name will be printed in the mass booklet.

I give permission that, in my absence, my child whose name appears on this application form, may receive emergency medical care for injuries and all situations that should occur while participating in the Confirmation Program, programs and activities at St. Mary of the Assumption Parish.

Parent Name (printed): _____

Parent Signature: _____

Date: _____

MEDICAL (REQUIRED)

Does your child have any medical conditions (s) (diabetes, cardias, seizures, etc.) that our staff should know about?	Yes or No	If yes, please explain:
Does your child have any food allergies or food limitations that might be a concern?	Yes or No	If yes, please explain:
Does your child have any physical limitations?	Yes or No	If yes, please explain:
If your child is taking medications, is there anything we should be aware of?	Yes or No	If yes, please explain:
Are there any other health issues that you want us to know about?	Yes or No	If yes, please explain:

Parent Name (printed): _____

Parent Signature: _____

Date: _____

- ✓ Parents/Guardians are responsible for accurately completing all sections of this form.
- ✓ Form must be completed in ink and legible.
- ✓ Form is due to Barbara Hritz. Contact Barbara at 610-489-4167 with questions.