



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

School Year:
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CONFIRMATION APPLICATION				
	___/___/___	<b>Candidates Full Baptism Name</b>	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
<b>NAME</b>	<b>First</b>			
	<b>Middle</b>			
	<b>Last</b>			
	<b>Maiden</b>			
<b>CONTACT INFO</b>	<b>Street Address #1</b>			
	<b>Street Address #2</b>			
	<b>City</b>			
	<b>State</b>			
	<b>Zip Code</b>			
	<b>Phone-cell</b>			
	<b>Phone – work/alt</b>			
	<b>Email</b>			
<b>BAPTISM</b>	<b>Birth date</b>			
	<b>Baptism date</b>			
	<b>Baptism church</b>			
	<b>Baptism church loc</b>			
<b>CANDIDATE</b>	<b>Current school</b>			
	<b>Current grade</b>			
	<b>Specify any learning concerns</b>			
	<b>Specify any medical concerns</b>	Yes or No	<b>If yes, please complete the medical section on page 2 of this application.</b>	
	<b>Confirmation Name</b>			
<b>SPONSOR (REQUIRED)</b>	<b>Name (F,M,L)</b>			
	<b>Current Church, Loc</b>			
	<b>Confirmation Year</b>			
	<b>Relationship to Candidate</b>		<b>Letter required from Sponsor's Church? Must be provided 30 days in advance of confirmation.</b>	Yes or No
	<b>Phone-Cell</b>		<b>Email:</b>	
	✓ <b>The Confirmation Sponsor</b> 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 [SCartolaro@StMaryAssumption.org](mailto:SCartolaro@StMaryAssumption.org) or through Flocknotes