



Youth Confirmation Prep 2021-22

Candidate Sacramental History

Student Name: _____ Grade: _____

Baptismal Information (Please fill out accurately):

What is your Baptismal Name? _____

Date Baptized: _____ Priest Name: _____

Name of Church: _____

Church Mailing Address: _____

Name of Your Godparents: _____

Date of First Communion: _____

Church: _____ City: _____

Parent information:

Mother

Name: _____ Phone: _____ Email: _____

Father

Name: _____ Phone: _____ Email: _____

Photo Release Form * I, the parent/guardian of this student, **DO** (respond yes) or **DO NOT** (respond NO) authorize and give full consent, without limitation or reservation, to St. Thomas Aquinas Parish to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parents/guardians appears while participating in any program within St. Thomas Aquinas or a Diocesan sponsored event. There will be no compensation for use of any photographs at the time of publication or in the future.
(Yes/ No) (This is a required question)

Medical Waiver Authorization * I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.

(signature) _____

Parent/Legal Guardian Name (REQUIRED) _____.

Email (REQUIRED)_____.

Address (REQUIRED):_____.

City (REQUIRED):_____.

State: CALIFORNIA

Please submit a **COPY** of your Child's **Baptism Certificate** and **First Holy Communion Certificate, Without this you will have an incomplete registration.**

This may be submitted as a hardcopy or digital image emailed to ana.arellano@dsj.org

TUITION:

\$100 for 1 student

\$50 for each additional student