

OFFICE USE ONLY/OFICINA SOLAMENTE:

Date _____ Amount \$ _____ Receipt # _____
 Check # _____ CASH VIRTUS: Yes No
Baptismal Certificate: Yes/No # of Sacraments _____

Our Lady of Guadalupe Catholic Church

Sacrament of Confirmation

Participant Information 2021-2022

Preparation: 1st Year 2nd Year

Name of Participant _____ Last Name _____

Date of Birth _____ Age _____ Male Female

Phone # (Optional) _____ Email _____

School _____ City _____ Grade _____

Family Information

First /Last Name of Father _____ Religion _____

Phone No. _____ E-mail _____

First/Last Name of Mother _____ Religion _____

Phone No. _____ E-mail _____

Home Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Indicate which sacraments your son/daughter needs:

Baptism

Confession/First Holy Communion

Confirmation

*NOTE: If participant IS baptized, please provide a copy of the **BAPTISMAL CERTIFICATE**.*

*If participant is **NOT** baptized, please provide a copy of the **BIRTH CERTIFICATE**.*

In case of an **EMERGENCY**, who may we contact if we are unable to contact you? Please inform them that you have them as contacts.

First/Last Name _____ Phone No. _____

Relationship to participant _____

First/Last Name _____ Phone No. _____

Relationship to participant _____

Does your son/daughter have any learning disabilities or medical problems? YES NO

If YES, please specify _____

Is your son/daughter currently taking any medication or have any allergies? YES NO

If YES, please specify _____

I, _____, do hereby give permission as the parent or guardian of _____, to be treated for a medical emergency in my absence while participating in the Religious Education Program at Our Lady of Guadalupe Church. The Director(s) or Volunteers may act as an agent in my absence. In case of an accident, I do not hold the Archdiocese of Los Angeles, the Parish, its staff, or adult volunteers responsible for any medical treatment.

Parent/Guardian Signature _____ Date _____

I, _____, hereby authorize the making and the publication of photographs, video, recordings, or other memorializing of my son/daughter while participating in the preparation of the sacrament. I hereby waive the right to a compensation, and I also agree that these items will be used only for a parish event.

Parent/Guardian Signature _____ Date _____

Authorization /Release of Liability Form

I authorize the Director of Faith Formation and adult volunteers to release my son/daughter to **walk home**, unaccompanied by an adult. I hereby release the Pastor, staff, adult volunteers, and the Archdiocese of Los Angeles, a sole corporation, from any/all liability, for any harm and/or injury of any kind or nature whatsoever, which my son/daughter may suffer arising out of this authorization.

Parent/Guardian Signature _____ Date _____

Empowering God's Children and Young People© Safety Program

I give permission to the Faith Formation catechetical team to present the **Empowering God's Children and Young People© Safety Program** to my son/daughter.

Parent/Guardian Signature: _____ Date _____