

**St. Joachim – St. John the Evangelist Religious Formation**  
**2 Oak Street**  
**Beacon, New York 12508**  
**Confirmation Registration 2020/21**  
**CCD 845-831-6550 Parish Office 845-838-0915**  
**The Confirmation fee is \$50.00 per child**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Baptism:**

**Date:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Holy Eucharist:**

**Date:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**School now attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parents:**

**Father's Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Address (where student resides)** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell-phone Number:** \_\_\_\_\_

**Parish Registration:**

Are you a registered parishioner at St. Joachim-St. John the Evangelist Parish?  
**Yes**\_\_\_ **No**\_\_\_

Please indicate any medical needs that your child may have and, or allergies. Include behavioral problems, special needs and family relationships, such as separation, divorce, or remarriage. Please be as specific as possible. All information is confidential.

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## **Confirmation Community Service Permission Slip**

**Candidate's Name:** \_\_\_\_\_

I, \_\_\_\_\_ (Please **Print** Parent/Guardian Name), give my child (listed above), permission to go with a representative of St. Joachim- St. John the Evangelist Church in Beacon, New York to Confirmation Service Sites. I understand that the transportation will be for the sole purpose of participating in the Confirmation Community Service Program.

I appreciate that the core teachings of our faith lead us to God through the Eucharist. Realizing that the parents are the first and most important teachers in the lives of their children, **I therefore pledge that we will do our best with participating in Sunday Mass, I will cooperate with the staff of St. Joachim-St. Joan the Evangelist Religious Formation.**

I hereby consent to the taking of photographs, movies, videos capable of reproduction in any medium, of me or my child/ children of whom I am the designated guardian.

I hereby grant to the parish the right to edit, reproduce, use and re-use images for any and all purposes including, but not limited to advertising, promotion and display and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including but not limited to, video, print, television, internet and pod-cast.

I forever grant, assign and transfer to the parish any right, title and interest that I and/or my child/ children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

### **Parent's/Guardian's Signature**

\_\_\_\_\_ **Date :** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

\_\_\_\_\_

### **For Office Use Only:**

**Amount Due:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

**Check#:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_