



REGISTRATION FORM

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR STUDENTS

Student's Name _____		Date of Birth _____	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____	
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	
City, Postal Code _____		City, Postal Code _____	
Student's E-mail _____		Parent's E-mail _____	
School _____		Grade _____	

ALTERNATIVE EMERGENCY CONTACT

Emergency Contact Name _____	Phone Number _____	Cell Phone number _____
Address _____	City, Postal Code _____	

MEDICAL INFORMATION

Physician's Name _____	Phone Number _____
Allergies / Special Health Concerns _____	Medications _____

MODEL RELEASE STATEMENT

I hereby grant ____ or decline ____ permission for my child to be photographed and/or videotaped during Oneight activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant ____ or decline ____ permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and than published and/or broadcasted for the purpose of promoting Oneight and/or youth programs at STACM, on our website.

Name (PLEASE PRINT) _____

Signature _____ Date _____

OFFICE USE ONLY

Amt Due ____ Amt Paid ____ Cash ____ Check # ____ Date ____

Deadline for Confirmation Registration is **Thursday, October 31st**. Registration fee is \$60 and payable by cash or cheque to STACM.

BAPTISMAL AND FIRST COMMUNION INFORMATION

Please fill out all the information below. Without this information we would have to assume that you have not received the Sacraments of Baptism or First Communion. Therefore, we will be unable to register you for Confirmation. Please complete all information.

CANDIDATES NAME _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

BAPTISMAL INFORMATION

PLEASE CHECK IF YOU CURRENTLY NEED THE SACRAMET OF BAPTISM

Date of Baptism _____

Church of Baptism _____

Church address _____

City _____ Province _____

Postal Code _____ Country _____

1st COMMUNION INFORMATION

PLEASE CHECK IF YOU CURRENTLY NEED THE SACRAMET OF 1st EUCHARIST

Date of First Communion _____

Church of First Communion _____

Church address _____

City _____ Province _____

Postal Code _____ Country _____

***Please enclose a copy of your Baptismal certificate and First Communion certificate. Without these copies, you will not be permitted to register in the Confirmation program.**