Family Commitment

We, the family of _____ want our teen
teen enrolled in program
to receive the Sacrament of Confirmation in the Roman Catholic Church, specifically Corpus Christi Catholic Church.

We understand that we, as parents and family, are the first and primary educators of the Faith. It is our responsibility to pass on the Faith to our children. We will do this by setting the example. We will commit to Corpus Christi Parish the following:

Attendance at Mass
Participate in the prayers, songs, and community!

Participation in the Stations of the Cross soup suppers, held each Friday during Lent (as a family)

Talking with your teen about their faith journey and discuss happenings in class

Encouraging your teen to be involved in ministries at CC, as opportunities arise in the program.

We understand that this program is at Corpus Christi Parish, and the program is designed to have the teens and families involved at Corpus Christi Parish.

_____
Parent Signature

_____
Parent Signature

_____
Teen Signature

Corpus Christi Catholic Church
CONFIRMATION REGISTRATION

*Today's Date

____

Fee $30 per person
Max ($60 per family)

Forms may be turned in to the office, in person or by mail , ATTN: Stacey
Group meets Sundays 11 AM-2 PM with other meetups throughout the year

PLEASE TAKE THE TIME TO READ EACH SECTION CAREFULLY AND CHECK/SIGN THE PROPER PLACES.

FAMILY LAST NAME:__________________________HOME PHONE:____________________
ADDRESS: ____
ZIP:____________________
FAMILY EMAIL ADDRESS:____

Updates, monthly reminders/calendars, and permission forms will be sent via email.

FATHER'S NAME (Stepfather/Guardian/Etc.) at above address:______________________________
WORK PHONE:__________________________ CELL PHONE:__________________________
EMAIL ADDRESS:____
MOTHER'S NAME (Stepmother/Guardian/Etc.) at above address: _____________________________
WORK PHONE:__________________________CELL PHONE:__________________________
EMAIL ADDRESS:____

EMERGENCY CONTACT NUMBER :
(OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)
NAME:____
PHONE:__________________RELATIONSHIP TO YOUTH/FAMILY_________________

YOUTH'S NAME:____GRADE:_______
DATE OF BIRTH:__________________SCHOOL:____________________________________
EMAIL ADDRESS:______________________________________CELL PHONE_________________
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

YOUTH'S NAME:____GRADE:_______
DATE OF BIRTH:__________________SCHOOL:____________________________________
EMAIL ADDRESS:______________________________________CELL PHONE_________________
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

YOUTH'S NAME:____GRADE:_______
DATE OF BIRTH:__________________SCHOOL:____________________________________
EMAIL ADDRESS:______________________________________CELL PHONE_________________
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

OFFICE USE ONLY:
Date Turned In/Initials:_________________

Entered in DATABASE: _____ Date Entered/Initials - Shelby:_____
Parish Where Registered: ________________

By signing up for this program, we acknowledge that there are events that will go off campus.

My son / daughter _____ has my permission to attend all activities provided for Innovative RE/Youth Groups/Confirmation. I understand that Corpus Christi, the employees and volunteers of Corpus Christi Catholic Church, and the Diocese of Tucson are not responsible in case of injury. I also give permission for the pastor, associate pastor, youth minister, or adult volunteer leaders to issue emergency medical assistance should that be required. If my child should be rendered to a hospital or emergency facility, I give permission for my child to receive medical treatment. I will retain responsibility for expenses incurred at that time. I also understand that if it is decided to dismiss my child during any event, I am responsible to come and pick up him/her immediately.

_____ _____

PARENT SIGNATURE **DATE**

MEDICAL INFORMATION

Corpus Christi Church volunteers/staff have my permission to administer over-the-counter medications such as Tylenol, Neosporin, Tums, etc., when requested by the student.
List any medical/food allergies your child(ren) may have.

_____ _____

PARENT SIGNATURE **DATE**