



# St. Mary's Church

Office of Religious Education: Confirmation Program/Oficina de Educación Religiosa

Registration Date: \_\_\_\_\_ Parish #: \_\_\_\_\_

FAMILY LAST NAME/APELLIDO DE FAMILIA: \_\_\_\_\_ Phone #/Telefono: ( ) \_\_\_\_\_

Address/Dirección: \_\_\_\_\_  
Number & Street Apt# City/Ciudad Zip/Codigo Postal

FATHERS NAME/APELLIDO: \_\_\_\_\_  
First Name/Primer Nombre: \_\_\_\_\_ Last Name/Apellido \_\_\_\_\_ E-mail Address/Correo Electrónico \_\_\_\_\_  
Home Phone/Telefono: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work/Trabajo: ( ) \_\_\_\_\_

MOTHERS NAME/NOMBRE DE MADRE: \_\_\_\_\_  
First Name/Primer Nombre: \_\_\_\_\_ Last Name/Apellido \_\_\_\_\_ E-mail Address/Correo Electrónico \_\_\_\_\_  
Home Phone/Telefono: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work/Trabajo: ( ) \_\_\_\_\_

CONFIRMANDI LIVES WITH/CANDIDATO VIVE CON Please check one/Por favor chequee  Mother/Mama  Father/Papa  Guardians  Both Parents/ Los Dos Padres

Are both parents married in Catholic Church? Yes  No

Are there any custodial problems that could have an impact on your child while in class/ Hay algun problema de custodia que podria afectar a su hijo/a mientras esta en clase  Yes/Si  No Explain/Explique: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME/LENGUAJE HABLADO EN EL HOGAR: (Please check/Por favor chequee)  English/Inglés  Spanish/Español  Other/Otro: \_\_\_\_\_  
Specify/Especifique \_\_\_\_\_

Students Name/Nombre de Estudiante	H.S. Name/Nombre de Escuela	Gender/ Género M/F	D.O.B/ Fecha de Nacimiento	School Grade/Grado De Escuela	E-mail Address/ Correo Electrónico

I agree and understand all the policies and procedures of the St. Mary's Religious Education Program/ Estoy de acuerdo y entiendo todas las pólizas y procedimientos del programa de Educación Religiosa de Santa Maria.

Parent or Legal Guardian Signature/Firma de Padres ó Guardian Legal: \_\_\_\_\_

### OFFICE USE ONLY

CERTIFICATE ATTACHED: \_\_\_\_\_ NOTES: \_\_\_\_\_

BAPTISMAL CERTIFICATE  YES  NO \_\_\_\_\_

BIRTH CERTIFICATE  YES  NO \_\_\_\_\_

FIRST COMMUNION  YES  NO \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# RELEASE FORM

## TRANSPORTATION RESPONSIBILITY

I, the undersigned parent/ authorized guardian, accept responsibility for transporting my child(ren) to and from Confirmation classes and activities.. I hereby release St. Mary's Parish, the Archdioceses of Los Angeles, all teachers and staff from any and all liability and/or responsibility for the transportation of my child(ren) to and from Confirmation classes and activities in Church.

## RESPONSABILIDAD DE TRANSPORTACIÓN

Yo, El padre abajo firmado/ guardián autorizado, acepto responsabilidad para transportar a mi niño/a clases de Confirmación y a actividades especiales en la Iglesia. Por lo presente libero a la Parroquia Santa María, la Arquidiócesis de Los Angeles, a los maestros y al personal de cualquier y toda obligación y/o responsabilidad del transporte de mi hijo(a) a y de actividades de las clases de Confirmación y actividades en la Iglesia.

## EMERGENCY/DISASTER FORM

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency.

This release is intended for all Confirmation classes during the school year \_\_\_\_\_. This release form is completed and signed of our own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

## FORMA DE EMERGENCIA/DESASTRE

Como padre y/o guardián, autorizo el tratamiento por un médico calificado y licenciado del menor registrado en caso de emergencia médica.

Esta liberación es para todas las clases de Confirmación durante el año \_\_\_\_\_ de la escuela. Esta forma es firmada por nuestra propia decisión y con el propósito de autorizar el tratamiento médico bajo circunstancias de emergencia en mi ausencia.

**Signed:** \_\_\_\_\_ Date: \_\_\_\_\_ up to date: \_\_\_\_\_  
Insurance I.D. # \_\_\_\_\_ Group# \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Specific medical allergies, chronic illness or other conditions: \_\_\_\_\_  
Another person to contact in case of an emergency: Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

## STUDENT RELEASE RECORD IN CASE OF EMERGENCY/DISASTER

**Do not write in this box.** This area will be used by St. Mary's Parish personnel during an emergency/disaster.

**Name of Student:** \_\_\_\_\_  
**Student released to:** \_\_\_\_\_  
**Drivers License#:** \_\_\_\_\_  
**Location to which student will be taken:** \_\_\_\_\_  
**Signature of person taking child:** \_\_\_\_\_  
**Signature of Parish Official:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_  
**Other Form of I.D. (Picture):** \_\_\_\_\_  
**Please PRINT name signed:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_