ST. GREGORY THE GREAT
CATHOLIC CHURCH | VIRGINIA BEACH

St. Gregory the Great Parish Religious Education Program
Sacrament of Confirmation Registration Form

Please email the completed form along with an annotated copy of your child's Baptism Certificate, dated within the past 6 months, to: Marjorie@StGregorysVa.org.

Teen's First Name: _____ Last Name: _____

Date of Birth: _____ Teen's Cell Phone #: _____

School Attending: _____ Grade: _____ Gender: M ___ F ___

Has this teen been baptized? Yes ___ No ___

Has this teen received First Holy Communion? Yes ___ No ___

Father's First Name: _____ Last Name: _____

Father's Cell # _____

Mother's First Name: _____ Last Name: _____

Mother's Cell # _____

Home Address: _____ City: _____ Zip: _____

Family Phone #: _____ Family Email: _____

Emergency Contact Name: _____ Relation to Teen: _____

Emergency Contact Phone #: _____

Baptism Information *Must include all information.*

Date of Baptism: _____ Name of Church: _____

Address of Church Where Baptized: _____

Street # Street Name

_____

City State or Country Zipcode

***Legal Custody Issues:** Are there any custody or legal issues pertaining to guardianship or parental custody for your teen? Yes ___ No ___

***Picture Permission:** I give permission for my teen's picture to appear on the parish website, bulletin boards, or other publications in relation to events that happen in the parish. Picture and name of my teen will never be posted together. Yes ___ No ___

Teen medical concerns: _____

Please read the following carefully, then initial to show your understanding and agreement.

In requesting that our teen prepare for the Sacrament of Confirmation at St. Gregory the Great Catholic Church:

____ We acknowledge that we are registered members of St. Gregory the Great Church.

____ We acknowledge that we are the primary catechists of our teen's faith development.

____ We acknowledge that important information regarding Confirmation will be relayed via Flocknote. The family email and phone number listed above will be used for this purpose.

_____ We acknowledge that parents and teens will be required to attend two Confirmation "Super Sundays" and that the teens will also need to attend the Confirmation Retreat during the year.

_____ We agree to submit relevant paperwork to the office in a timely manner, as requested. This includes this Sacrament Registration form, $150 sacrament preparation fee (due at time of registration), Retreat Registration form, (due at time of registration), annotated Baptism certificate dated within the past 6 months (due Oct. 20), Sponsor Attestation form (due Nov. 10), and Saint Name (due Nov. 10).

_____ We acknowledge that if our teen does not attend a Catholic school, they must attend Youth Group for Faith Formation. Youth Group requires a separate registration, along with this one.

_____ We acknowledge that failure to meet the above requirements of preparation may result in a delay in our teen's reception of Confirmation.

***Medical Liability Waiver:** to be completed by a parent/legal guardian* As parent and/or legal guardian I remain legally responsible for any personal actions taken by the minor named in this registration. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Gregory the Great Catholic Church, the Catholic Diocese of Richmond, its employees and agents, or representatives associated with this event from any claim arising from or in connection with my child attending the program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Gregory the Great Catholic Church and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____