

# Registration for 2024/2025 Confirmation Preparation

Year 1 (Grades 8+) and Year 2 (Grades 9+) for both Public and Catholic School Students

## RETURN COMPLETED FORM AND PAYMENT TO:

Holy Trinity Church | Attn: Tricia Kull | 1460 Ridge Road | Webster, NY 14580  
Cash or Check made out to Holy Trinity Church

### STUDENT INFORMATION

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School \_\_\_\_\_ Grade 2024/25 \_\_\_\_\_

Date of Baptism \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church & City of Baptism \_\_\_\_\_

During this past 2023/2024 year, were you enrolled in:

- Confirmation Year 1
- Faith Formation Grade 7
- Catholic School (name: \_\_\_\_\_ )
- none of these and would like to learn about the *Summer Confirmation Initiation Journey*

**Confirmation Class Choice:** \_\_\_\_\_ Sunday, 6:30 – 8:00PM **OR** \_\_\_\_\_ Tuesday, 6:30 – 8:00PM

Students are welcome to attend either session each week but must select a “home” class.

Note that certain weekly sessions will only be offered on Sunday and will be announced in advance.

### PARENT INFORMATION

Mother’s Name (include maiden name) \_\_\_\_\_

Mother’s Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father’s Name \_\_\_\_\_

Father’s Cell # \_\_\_\_\_ Email \_\_\_\_\_

**Material Fee:** Payment is due at time of registration. Cash or checks payable to *Holy Trinity Church*.

If you are in financial need, please contact us for assistance.

YEAR 1 (Public School students) **\$65 per student**

YEAR 1 (Catholic School students) **\$40 per student**

YEAR 2 (Public School students) **\$40 per student** (if YEAR 1 was paid for and completed at Holy Trinity)

YEAR 2 (Catholic School students) **FREE** (if YEAR 1 was paid for and completed at Holy Trinity)

## REQUIRED MEDICAL AND MEDIA RELEASE ON REVERSE

For office use only: Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_ Ck. Amt. \_\_\_\_\_

## **HEALTH HISTORY**

**Please list any medical conditions that might affect your child(ren) participating in this program.**

Does your child(ren) have any allergies or other dietary restrictions?

---

---

---

Is your child(ren) currently taking any medications (prescription and /or non-prescription)? If so, please list.

---

---

---

Is there anything else we should know about your child(ren), especially with regards to disability, neurodiversity, and/or necessary accommodations?

---

---

---

## **EMERGENCY CONTACT and MEDICAL RELEASE INFORMATION**

Emergency Contact (*If parents cannot be reached.*) \_\_\_\_\_

Emergency Contact's Relationship to Child(ren) \_\_\_\_\_

Emergency Contact's Cell Phone Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Primary Care Physician's Phone Number \_\_\_\_\_

### **Release Statement:**

I give permission for my child(ren) to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child(ren). I certify that my child(ren) is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

Submitting this form confirms that I give permission for my child(ren) to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers and parish sponsor from any and liability for any damages suffered as a result of or relating to my child(ren)'s participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

## **MEDIA RELEASE**

**Regarding the use of photographs, slides, audiotapes, and/or videotapes of my children named above:**

**Holy Trinity Church (please check one below) :**

\_\_\_\_\_ **HAS permission** to photograph or video my child(ren) during the 2024/25 Faith Formation Program or related activities. Such media may be shared with our parish community through church bulletins, emailed newsletters, live video feed and social media, etc. Full names of minors will not be used in conjunction with photographs or video.

\_\_\_\_\_ **DOES NOT have permission** to photograph or video my child(ren) during the 2024/25 Faith Formation Program except if my child's face is indistinguishable (i.e. turned away from the camera or otherwise unidentifiable).

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**