

Office Use Only:

Date Received: _____ Total Due: \$ _____ Amt Paid: \$ _____ Cash/Check #: _____ Registered in Parish?: Y ___ N ___

1st Year ___ 2nd Year ___ **Baptismal Certificate?** Y ___ N ___ **First Communion Certificate?** Y ___ N ___ Language: English / Spanish

**SAINT ROSE OF LIMA CONFIRMATION REGISTRATION
2021 – 2022**

(PLEASE PRINT CLEARLY - FAVOR DE USAR LETRA DE MOLDE)

FAMILY NAME _____ **DATE/ FECHA** _____
Apellido de Familia

Home Address - *Domicilio* _____ City - *Ciudad* _____ Zip - *Código* _____ Phone - *Teléfono* _____
Mailing Address (if different from above) _____

****E-MAIL ADDRESS** _____ **CELL PHONE:** _____
Correo Electrónico *Celular*

STUDENT LIVES WITH: _____ Both Parents _____ Mother _____ Father _____ Other*
Estudiante vive con: *(Ambos padres)* *(Mamá)* *Papá* *Otro*

FATHER / PADRE _____ Religion _____
Name / Nombre *Last/Apellido*

MOTHER / MADRE _____ Religion _____
Name / Nombre *Last/Apellido* *Maiden / Soltera*

*If Other _____ Relationship / *Relación*
Name / Nombre

****REGULAR MASS ATTENDANCE IS CENTRAL TO PREPARING TEENS FOR CONFIRMATION. WHAT MASS DOES YOUR FAMILY USUALLY ATTEND? ASISTIENDO MISA REGULARMENTE ES CENTRAL EN LA PREPARACIÓN DE CONFIRMACIÓN. ¿A QUÉ MISA ACOSTUMBRA ASISTIR SU FAMILIA?**

1) **NAME/NOMBRE** _____ **Age/Edad** _____ **Birth Date** _____

School / Escuela _____ **Grade/Grado** _____

*****Student's Email Address:** _____

SACRAMENTS REC'D: Baptism _____ Eucharist _____ **Provide Copies / Proporcionar copias**

2) **NAME/NOMBRE** _____ **Age/Edad** _____ **Birth Date** _____

School / Escuela _____ **Grade/Grado** _____

*****Student's Email Address:** _____

SACRAMENTS REC'D: Baptism _____ Eucharist _____ **Provide Copies / Proporcionar copias**

*If Child is over the age of 7 and has not been Baptized, he/she would be required to enroll RCIA for Children and provide a copy of Birth Certificate. Parents must schedule an appointment with Religious Ed Coordinator.

**PLEASE COMPLETE MEDICAL/EMERGENCY INFORMATION
POR FAVOR COMPLETE INFORMACIÓN MÉDICA Y DE EMERGENCIA**



FAMILY MEDICAL/EMERGENCY INFORMATION

FAMILY NAME (APELLIDO) _____ Student's Name _____

PARENTS NAME(S) _____ PHONE/TELÉFONO # _____
NOMBRE DE LOS PADRES

Doctor _____ Phone _____

Office Address _____

EMERGENCY RELEASE INFORMATION (Contactos de emergencia): (Adults only - solamente adultos)
***** Student will only be released to those listed below. *** Any changes MUST be in writing.**
*****Solamente las personas nombradas aquí pueden recoger sus hijos***Cualquier cambio debe ser por escrito.**

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: (MUST COMPLETE FOR EACH STUDENT) ←
CONDICIONES MEDICAS QUE DEBERÍAMOS DE SABER: (DEBE COMPLETAR PARA CADA ESTUDIANTE)

NAME _____ Condition _____

Allergies / Alergias _____ Medications / Medicamentos _____

In Special Education Classes? _____

NAME _____ Condition _____

Allergies / Alergias _____ Medications / Medicamentos _____

In Special Education Classes? _____

MEDICAL INSURANCE CARRIER: _____ SUBSCRIBER: _____
(SEGURO MÉDICO)

GROUPNUMBER/PLAN _____

I hereby authorize St Rose of Lima Religious Education staff to seek and obtain medical care in the event of an emergency for all of the registered students in our family. Parents are responsible for any medical costs incurred, including ambulance costs. I also verify that medical insurance information given above covers all students from my family registered.

Por la presente autorizo al personal de Educación Religiosa de St Rose of Lima a buscar y obtener atención médica en caso de una emergencia para todos los estudiantes registrados en nuestra familia. Los padres son responsables de cualquier costo médico incurrido, incluyendo los costos de ambulancia. También verifico que la información del seguro médico dada arriba cubre a todos los estudiantes de mi familia registrados.

→ PARENT SIGNATURE: _____ DATE _____

PLEASE PROVIDE A COPY OF YOUR CHILD'S BAPTISM AND FIRST COMMUNION CERTIFICATES WITH YOUR REGISTRATION.

FAVOR DE PROVEER UNA COPIA DE LOS CERTIFICADOS DE BAUTISMO Y PRIMERA COMMUNION DE SU HIJO(A) CON SU REGISTRO.