

**Blessed Sacrament Catholic Church  
Sacrament of Confirmation Registration Form**

**Please print clearly (This information will be used for the child's certificate)**

Name of Child _____		
Last	First	Middle
Place of Birth _____		Date of Birth _____
City	State	Month Day Year
Age _____	Grade _____	
<b>Please complete the following information and I need a copy of the Baptismal Certificate. If your child was baptized at Blessed Sacrament in Cocoa Florida I do not need a copy of the Baptismal Certificate, just complete the information below.</b>		
Church of Baptism _____		
Place of Baptism _____		
City	State	Zip
Date of Baptism _____		
Month	Day	Year
Confirmation name chosen: _____		
Sponsor's name: _____		
Sponsor's address and phone number: _____		
Father's Name _____		Religion _____
Last	First	
Mother's Name _____		Religion _____
Last	First	
Working E-mail Address _____		
Current Address _____		
Please check one: child lives with _____ both parents _____ mother _____ father		

The annual registration fee is: \$40.00 for one child \$70.00 for two children or \$80.00 for three or more children. Payments may be made in installments. No child will be turned away for lack of tuition.

I have read and understand the information included in the registration packet.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For office use only)**

Date Received: \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ BAL Due \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Second Payment: Date Received: \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ BAL Due \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY  
FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of \_\_\_\_\_ give my permission for my child to attend Religious Education classes on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed below. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Emergency contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

**MEDICAL INFORMATION:** Please provide any additional, specific information about your child that you feel we need to know.

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic or Acute Illnesses: \_\_\_\_\_

Medication Presently Being Taken: \_\_\_\_\_

Other Facts We Should Know \_\_\_\_\_

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



"You are my beloved Son; with you I am well pleased " (Luke 3:22).

August 30, 2019

Dear Parent:

The Catholic Church teaches that God has created each of us as unique and special. Genesis 1 :27 tells us that we are created "male and female in God's image" and that God saw this as "very good." In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.

Adults assist young people to recognize God's love by helping them to understand that each of us lives and moves in a Circle of Grace, This Circle of Grace holds our very essence in mind, heart, soul, and sexuality. Why is it important to help our young people understand the Circle of Grace? God intends our relationships in life to be experiences of divine love. He wants us to have healthy relationships; those that are respectful, nurturing and loving so that we might increase our understanding of our own value and help us to love others. It is never too early to help young people understand how very special they are and how relationships in life are called to be sacred. The goal of the Circle of Grace program is to educate and empower young people to actively participate in a safe environment for themselves and others.

I call upon each one of you, as first formators, to assist with this goal by teaching your children that each one is held within a circle of grace; each one is beloved. I ask that you support those who work with our young people to assist them in telling the Good News of God's love. May our recognition of the sacredness of each other begin a path of right relationships with God.

There will be an informational meeting about the Circle of Grace program on September 24, 2019 at 7 p.m. in the hall.

God Bless,

Father Marek Sarniewicz, SDS  
Blessed Sacrament Catholic Church