

Sacramental Preparation Program

Confirmation

St. Joseph, St. Stephen, St. Peter, & St. Casimir

2024-2025

Family Information:

Last Name _____

Address _____

Home Phone: _____ Family E-Mail _____

Parish of Membership: St. Joseph St. Stephen St. Peter St. Casimir Other: _____

Emergency Contact Name _____ Phone _____

Father Single Married Divorced Deceased

Name _____

Work Phone _____ Cell Phone _____

Please complete below, only if different from above:

Religion _____ Parish _____

Mailing Address _____

Home Phone _____

Mother Single Married Divorced Deceased

Name _____

Work Phone _____ Cell Phone _____

Please complete below, only if different from above:

Religion _____ Parish _____

Mailing Address _____

Home Phone _____

Child 1

Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ CCD Grade _____ School _____

Health Considerations:

Child 2

Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ CCD Grade _____ School _____

Health Considerations:

Cancellation Notification: Classes will be cancelled if the Stevens Point School District is closed, closes early, or cancels after school activities. Notification will be posted on parish websites at www.PointCatholicFaith.org.

Permissions

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Family Doctor: _____

Phone: _____

Signature: _____

Date: _____

Permission to Use Student Photos: I consent that my child's image may be used for program purposes, parish use, and/or social media.

Signature: _____ Date: _____

Permission for events held at St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point: I hereby give permission for my registered child(ren) to participate in events & activities that are held at **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point** schools & churches. I agree to defend, protect, indemnify and hold harmless **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point, the Diocese of La Crosse & its Bishop** against & from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Signature: _____ Date: _____

Dear Parents,

Thank you for sending your child to Pacelli Catholic Schools. Please note that immediate preparation for Sacraments is completed through your parish of registration. In order to prepare for our fall sessions, we ask that you complete and return this registration form now. As belated registration incur expenses to the parishes in ordering supplied and other preparation, registrations received after May 15 will incur a charge of \$50 per student. A schedule of events will be sent in the fall, as well as information regarding the requirements for those preparing for Confirmation.

If you have any questions, please do not hesitate to contact your parish office.

May God bless you,

Fr. Hennes
St. Stephen & St. Joseph

Fr. Potaczek
St. Peter & St. Casimir

Rates & Fees: No fee for Pacelli Catholic School Families

Total Due before May 15: \$ 0

Total Due after May 15: \$ _____

Mail to: Point Catholic Religious Ed, 1401 Clark St., St. Pt., WI 54481

Registration due May 15.

Office use: Date: _____

Cash Check # _____

Amount Pd: _____

Spreadsheet: _____

PS Corrections: _____