

St. Joachim – St. John the Evangelist Religious Formation
2 Oak Street
Beacon, New York 12508
Confirmation Registration 2019/20
CCD 845-831-6550 Parish Office 845-838-0915
The Confirmation fee is \$50.00 per child

Name: _____ **Date of Birth:** _____

Baptism:

Date: _____ **Church:** _____ **City:** _____ **State:** _____

Holy Eucharist:

Date: _____ **Church:** _____ **City:** _____ **State:** _____

School now attending: _____ **Grade:** _____

Parents:

Father's Name: _____

Telephone Number: _____ **Cell-phone Number:** _____

Mother's Maiden Name: _____

Telephone Number: _____ **Cell-phone Number:** _____

Address (where student resides)

Parish Registration:

Are you a registered parishioner at St. Joachim-St. John the Evangelist Parish?

Yes _____ **No** _____

Please indicate any medical needs that your child may have and, or allergies.
Include behavioral problems, special needs and family relationships, such as separation,
divorce, or remarriage. Please be as specific as possible. All information is confidential.

Over ->

Confirmation Community Service Permission Slip, Media Authorization and Release

Candidate's Name: _____

I, _____ (Please **Print** Parent/Guardian Name), give my child (listed above), permission to go with a representative of St. Joachim- St. John the Evangelist Church in Beacon, New York to Confirmation Service Sites. I understand that the transportation will be for the sole purpose of participating in the Confirmation Community Service Program.

I hereby consent to the taking of photographs, movies, videos capable of reproduction in any medium, of me or my child/children of whom I am the designated guardian.

I hereby grant to the parish the right to edit, reproduce, use and re-use images for any and all purposes including, but not limited to advertising, promotion and display and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including but not limited to, video, print, television, internet and pod-cast.

I forever grant, assign and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

Parent's/Guardian's Signature _____

Date _____

Family E-Mail: _____

Name of Emergency Contact and Phone Number: _____

For Office Use Only:

Amount Due: _____ **Amount Paid:** _____ **Balance Due:** _____

Check#: _____ **Cash:** _____ **Date Paid:** _____