

**ST. CHARLES BORROMEIO
CONFIRMATION PREPARATION
LEVEL II**

Candidate's Name: _____

**Please complete and return ALL of the following by Sunday,
August 5, 2018:**

- _____ **Registration Form**
- _____ **Registration Fee**
- _____ **Consent Form**
- _____ **Medical Form**
- _____ **Communication Release Form**
- _____ **Copy of Medical Insurance Card**
- _____ **Copy of Immunization Record**

NOTE: Please pay special attention to properly completing all the forms especially the Medical Information Form. The students last tetanus/diphtheria immunization **MUST** be on form.

ST. CHARLES BORROMEIO CATHOLIC CHURCH

P. O. Box 428

Destrehan, LA 70047

(985)764-6383

jrodrigue@archdiocese-no.org

July 15, 2018

Dear Parents,

Congratulations! Your child has completed Level I of the **St. Charles Borromeo Confirmation Preparation Program**. Your child has had a wonderful opportunity of living out his/her Catholic faith. My hope is that he/she has learned through his/her participation this year that being confirmed is about becoming a disciple of Christ. It is a commitment to walk with Jesus, to learn from Jesus, and to continue the work of Jesus in the world.

It is now time for your child to begin Level II of the St. Charles Borromeo Confirmation Preparation Program. A meeting is scheduled for Wednesday, August 15, 2017 at 7:00 pm in the SCB Borromeo Room for all candidates and their parents at which time an overview of the Level II Program will be presented. It is very important that all attend this meeting. If they cannot be present, please call beforehand at (985)764-6383 to arrange an alternative time to meet.

As discussed at the Level I Candidate / Parent Meeting last August, the registration fee for this program is determined by whether or not a family is considered an active registered parishioner. Otherwise you must have your child confirmed in your own territorial parish. The definition of **active** is a family who participates in church functions and contributes at least \$250.00 yearly to the church. The registration fee for this program is \$65.00 if paid by Sunday, August 5, 2018. Late registration fee (paid after Sunday, August 5, 2018) is \$85.00.

Enclosed you will find a copy of the Registration Form and the Parent / Legal Guardian Consent Form and Liability Form, a Medical Information and Consent Form, and a Public Information / Communication Release Form. Please complete and return along with the registration fee by Monday, August 7, 2018 along with a copy of your child's insurance card.

Thank you for your support and encouragement over the past year and I look forward to continuing the journey with you and your child/children in the upcoming year. We hope to make this coming year even better than the past.

Sincerely in Christ,

Janeen C. Rodrigue
Director of Youth Ministry
St. Charles Borromeo Parish

Enclosures:

Registration Form

Consent & Liability Form

Medical Form

Communication Release Form

The Catholic Church of St. Charles Borromeo

Confirmation Registration 2018 - 2019 Level II

Candidate's Name: _____
(Last) (First) (Middle)

Confirmation Name _____ Age at time of Confirmation _____

Birth Date: _____ Place of Birth: _____
(Month/Day/Year) (City/State)

Candidate's Address: _____
(Number & Street) (City) (Zip Code)

Candidate's E-Mail Address: _____

Parents' E-Mail Address: _____

Father's Name: _____
(Last) (First) (Middle)

Mother's Maiden Name: _____
(Last) (First) (Maiden/Middle)

Sponsor's Name: _____
(Last) (First) (Maiden/Middle)

Telephone Numbers:

Candidates Home: _____ Candidates Cell: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

School Attending: _____ Grade: _____

**ST. CHARLES BORROMEO CATHOLIC CHURCH
CONFIRMATION PREPARATION PROGRAM
LEVEL II**

**Parent/Legal Guardian
Consent Form and Liability Form
2018 - 2019**

Participant Name _____

Home Address _____

E-mail Address _____

Birth Date _____ Sex _____

Phone _____ Social Security _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian E-mail Address _____

I, _____, grant permission for my child, _____ to participate in the **St. Charles Borromeo Catholic Church Level II Confirmation Preparation Program**. This program will take place under the guidance and direction of parish employees and/or volunteers from **St. Charles Borromeo Church Parish**.

As parent and/or guardian, I remain legally responsible for any actions taken by the above named minor ("participant"). I agree on behalf of myself, my child, named herein, our heirs, successors, and assigns, to hold harmless and defend. St. Charles Borromeo Church Parish, its officers, directors, and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the program, arising from or in connection with my child's participation in this program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish/location, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Legal Guardian

Date

CHARLES BORROMEO CATHOLIC CHURCH

MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
 2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
-

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Charles Borromeo Parish. I hereby authorize Janeen Rodrigue or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from August 2018 – August 2019. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Today's Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: **Date** of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _

If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____



St. Charles Borromeo Catholic Church Public Information / Communication Release

I agree, for the 2018 - 2019 school year, the name, voice and/or likeness of

_____ (student), may be used in news publications, audiovisuals, and other electronic transmissions issued by employees or designees of St. Charles Borromeo Parish or by members of the media with permission of officials from schools or offices within the Archdiocese of New Orleans. These information items may include, but are not limited to, press releases, internal and external news articles, SCB web-site, SCB Photo Directory, photographs, videotapes, live broadcasts, sound recordings and/or electronic transmissions related to school activities.

I also waive compensation or reimbursement of any kind related to use of the above material for the minor child or myself.

Yes. I do agree to the terms as stated above.

No. I do not agree to the terms stated above.

Signature of Legal Guardian

Today's Date

Signature of Legal Guardian

Today's Date