

9-10
2024-25

Confirmation Program Registration: Grades 9 and 10

St. Junipero Serra Parish — Office of Faith Formation

80 Hayes Rd., South Windsor, CT 06074

e-mail: FaithFormation@sjs-sw.org OR ConfirmationCoordinatorSJS@gmail.com

Phone: 860-644-2549 Website: www.SaintJuniperoSerra.org

***Please print clearly and fill out everything**

Family \ Household Last Name

Child(ren) Last name if different

Father's first name

Religion

Cell #

Email address (please print clearly)

Mother's MAIDEN

First name

Religion

Cell #

Email address (please print clearly)

Mailing address Street/PO Box

City

Zip

Home Phone

Parent Information: Marital Status: Single ___ Married ___ Divorced ___ Remarried ___ Widowed ___

Emergency Contact

Name

Relation

Phone

1. Child's Name: _____ M/F: _____

Grade: ___ DOB: _____ Allergies/Health Problems/Concerns: _____

2. Child's Name: _____ M/F: _____

Grade: ___ DOB: _____ Allergies/Health Problems/Concerns: _____

3. Child's Name: _____ M/F: _____

Grade: ___ DOB: _____ Allergies/Health Problems/Concerns: _____

Confirmation 1 & 2 – Grds. 9 & 10, Registration Fee,

if you attend our registration Night on June 4, 2024 - **\$75 (+Retreat Fee \$25)**

Confirmation 1 & 2 – Grds. 9 & 10, Registration Fee,

if you do NOT attend our registration night - **\$85 (+Retreat Fee \$25)**

*The fees for Gr. 9 – 10 classes include book costs, access to online videos, a Confirmation Retreat

No child will be denied a religious education if the family cannot pay some or all. Please contact our office with any concerns.

Baptismal Certificates are required of new students

*Please indicate your child's place of Baptism below

St. Francis of Assisi _____ **or St. Margaret Mary** _____ (we should have these certificates on file)

Other Parish _____

Name

Address



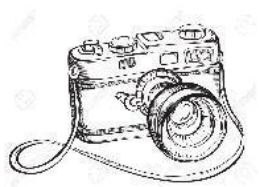


Photo Permission: If I give permission for my child(ren) to be **photographed** by St. Junipero Serra Parish I understand that the photos may be used to publicize parish activities. They may appear on the parish website and other parish social media. Names of individuals will not be posted alongside photos.

Yes, I give permission for my child to be photographed _____

No, I do NOT give permission for my child to be photographed _____

The Teen Lures Prevention Program ‘Think First & Stay Safe’ Permission

As required by the Archdiocese of Hartford, to be presented every year, will be presented to all families at one of our scheduled sessions. Please verify by initiating the statements below.

___ **I acknowledge the Safe Environment Program is being offered during 2024/25 CCD year.**

___ my child **has permission** to participate in the safe Environment program class

___ It is my choice that our family **NOT** participate in the **Safe Environment program.** (This means you are opting out and your child will not attend the Child Lures program)

* If you have chosen to opt out of the program, please **fill out the OPT out FORM** - materials from the parish will be provided to you to use to instruct your child(ren) on the topic.

Name of Parent or Guardian (please print clearly) _____

Signature _____ Date _____

Parent Permissions for Correspondence with Minors through Internet

According to the Office of Safe Environment in the Archdiocese of Hartford * Parents shall designate the emails of the minors that can be used for correspondence with any parish email or parish social media platform and sign permission for that at the beginning of the year. They may also request that only a parent’s email or parent’s social media account be used.

If you would like to give permission for your child to use anything below, please initialize after each and give full signature below. If you would like us to send invites directly to your child as well, please provide their email.

- Ascension Press videos and eBook
- Turn in work and correspond by email with the teacher
- Google Classrooms -**we will use this platform to communicate assignments** (must be Gmail)
- Zoom Invitation - **we will use when classes are remote**

Child’s Email address: _____ or email to be used _____

Parent’s Signature: _____

Today’s date _____ Total Due _____ AMT Received _____ Cash _____ Check number _____ Venmo _____
