



St. Joseph 2008-2009 Confirmation Program Registration Form



Student's Name: _____

Date of Birth _____ Grade _____

School _____

Student Address _____ City _____ Zip _____

Student Phone Number _____

Student E-mail address _____

Parent E-mail address _____

Mother's Name: _____ Father's Name: _____

Baptismal Information _____

(Please provide copy of Baptismal Certificate if Baptized somewhere other than St. Joseph Church)

Policies

In signing on the line below, I certify that I have read, understand, and agree to the following policies.

1. Candidates are required to actively participate in all Confirmation Preparation sessions.
2. Students will be permitted three (3) unexcused absences. After the third unexcused absence, the parent and student will have to meet with the Pastor (Fr. Dave) prior to returning to class and being once again eligible to receive the Sacrament of Confirmation with the class.
3. Due to the importance of attending every session, if the Candidate is unable to attend a session, notification to the Coordinator of Youth Ministry, either by phone (517) 265-8938 or by email youth@stjosephadrian.com is required prior to the absence.
4. Any student who misses more that 50% of the Confirmation Program class sessions, in any combination of excused or unexcused absences will not be eligible to receive the Sacrament of Confirmation that year and will have to take the classes over the following year.
5. Class sessions can be made up either through written documentation from the parent or guardian that the material was covered at home or through written documentation of an equal amount of community service time. Class materials will be made available in the Youth Ministry Office for the parent and student to go over together upon request.
6. As always, we need to have a copy of the Diocesan Health History & Medical Release Form on file prior to participation in any program.

Parent Signature: _____ Date: _____

Candidate Signature: _____ Date: _____