

CONFIRMATION PREPARATION REGISTRATION 2011-2012  
Saint Andrew Catholic Church  
3717 Stadium Drive  
Fort Worth, TX 76109



Family Last Name: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_  
(as on Baptismal certificate) Last First Middle

Date of Birth: \_\_\_\_\_ Gender: M F

Candidate's school: \_\_\_\_\_ Grade: 2011-2012 \_\_\_\_\_

Parent/Guardian Information: Is family registered at St. Andrew Parish? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If you are registered in another parish, you must have your pastor's written permission to prepare and celebrate the sacrament at St. Andrew Parish.)*

Father's name: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if this is a new address \_\_\_\_\_ *(This helps us to keep our records current.)*

Home Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Please list any special needs concerning your candidate (i.e. medical, diet, learning limitations, etc.) \_\_\_\_\_

In what type of formal religious education program is your candidate currently enrolled?

\_\_\_ Parish Religious Education/Home Study \_\_\_ Catholic School \_\_\_ Catholic Home School

**A COPY OF YOUR CANDIDATE'S BAPTISMAL CERTIFICATE IS REQUIRED for the celebration of this sacrament.**

Has Candidate celebrated First Holy Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Approximate date \_\_\_\_\_

Retreat and Supply fee: \$90.00

**FOR OFFICE USE ONLY**

Amt. paid: \_\_\_\_\_ Balance due: \_\_\_\_\_ Check #: \_\_\_\_\_ M.O. #: \_\_\_\_\_ Cash: \_\_\_\_\_

Stewardship is part of practicing a sacramental life. If you cannot afford the retreat and supply fee, please contact the Director of Faith Formation for Children & Youth about volunteer opportunities. (817-927-5383)

Orientation Date: \_\_\_\_\_ Service Project Date: \_\_\_\_\_

**Catholic Diocese of Fort Worth and/or the  
Parish of St. Andrew Catholic Church Sacramental Preparation Program  
Parent/Guardian/Conservator Permission and Liability Waiver**

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian/Conservator's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to the son/daughter/participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Release/Indemnification Information:**

I, \_\_\_\_\_ grant my permission for \_\_\_\_\_  
**Parent/Guardian/Conservator's Name** **Participant Name(s)**

to participate in the Children & Youth Religious Education Programs of St. Andrew Catholic Church, Diocese of Fort Worth beginning the 1st day of June, 2011 and continuing through the 31<sup>st</sup> day of May, 2012. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the parish of St. Andrew Catholic Church and/or the Diocese of Fort Worth. This indemnification form will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth and/or parish of St. Andrew Catholic Church.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

**I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth and/or the parish of St. Andrew Catholic Church and its/their employees and/or volunteers from any and all claims (unless due in part by gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.**

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

\_\_\_\_\_  
**Parent/Guardian/Conservator Signature** **Date**

**Promotional Release**

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction. I understand that these materials may be used for promotion of the Religious Education Department at Saint Andrew Parish in the Diocese of Fort Worth.

\_\_\_\_\_  
**Parent/Guardian/Conservator Signature** **Date**