

# Registration 2024-25

## CONFIRMATION PREPARATION



### PARENT/GUARDIAN INFORMATION

Family Last Name: \_\_\_\_\_ Registered Parish Members?  Yes  No

Mailing address: \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_

Student lives primarily with:  both parents  mother  father

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

### ADDITIONAL PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_ Sex:  M  F

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ Parish\*: \_\_\_\_\_  
*\*If not baptized at St. Dominic, please provide certificate copy.*

Allergies: \_\_\_\_\_

Physical & medical needs: \_\_\_\_\_

Mental health considerations (e.g. anxiety, depression): \_\_\_\_\_

Learning challenges/special needs: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Please provide an emergency contact, **other than a parent**, in the event that neither parent can be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### EMERGENCY TREATMENT

I/We further give our permission for any medical treatment deemed necessary while said child/ward are under the care of St. Dominic Catholic Parish and its representatives as a participant. Parents will be contacted immediately should medical treatment or hospitalization be required. In the event of any emergency, and I/We cannot be reached, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I/We are unable to be reached, the listed emergency contact is given temporary medical power of attorney until we are reached.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

### PHOTO/VIDEO RELEASE

I/We hereby understand that my child/ward's participation in this event/class grants St. Dominic Catholic Parish permission to use my child's photograph(s)/video in any of its current or future publications. I will make no monetary or other claim against St. Dominic Catholic Parish for the use of the photograph(s)/video for any current or future use.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

### INDEMNITY AGREEMENT

I/We hereby consent to participation by my/our child/ward in this St. Dominic Catholic Parish ministry and hereby release St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) from responsibility of personal injury. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by St. Dominic Catholic Parish in defending a lawsuit that I or my CHILD/WARD may bring against the parish which relates to the above named ministries if the parish is found not legally liable by the courts and prevails in the lawsuit. If the parish is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ministry that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the St. Dominic Catholic Parish to clarify any concerns or questions about the ministry or this agreement that I may have had.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

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## CONFIRMATION PREPARATION



### SMALL GROUP LEADERS NEEDED

Please consider this unique opportunity to grow in faith! **We are seeking small group leaders to accompany our parish teens as they prepare for Confirmation.**

*Training & support are provided, as well as a discount on the program fee.*

*Volunteers will be required to complete the Archdiocese's Safeguarding All God's Family program (includes one-time class; online training & background check).*

**Yes, please contact me with more information about serving as a Confirmation Small Group Leader!**

### CONFIRMATION PREPARATION FEES

<b>Registered parishioner fee:</b>	\$150 through August 2 \$175 beginning August 3
<b>Non-parishioner fee:</b>	\$200 through August 2 \$225 beginning August 3
<b>Confirmation retreat fee</b>	\$150 through August 2 \$175 beginning August 3

**Amount due: \$\_\_\_\_\_**



Payment may be made online at <https://tinyurl.com/Formationpayment>  
or by check payable to St. Dominic Parish

*No family will be turned away due to financial difficulties. Please contact [Jill Fischer](#), Director of Discipleship & Formation, for information about payment plans or financial aid opportunities.*