



ST. JOHN PAUL II
SCIOTO CATHOLIC PARISH
514 MARKET STREET
PORTSMOUTH, OH 45662
PHONE: (740) 354-4551

CONFIRMATION ENROLLMENT FORM

Full Name of Confirmation Candidate: _____

Home Address _____

City/State/Zip _____

Father's Full Name _____

Father's Phone No. _____

Mother's Full Name (include **maiden** name) _____

Mother's Phone No. _____

Parent Email Address _____

What is the best way to contact you about your child and any Confirmation information (circle one)?

Email address

Cell Phone Call

Cell Phone Text

In case of inclement weather, what is the best way to contact you about Confirmation class cancellations (circle one)?

Email address

Cell Phone Call

Cell Phone Text

BAPTISM INFORMATION

Date of Birth	
City & State of Birth	
Date of Baptism	
Church of Baptism	
Address of Church of Baptism	
<i>Please obtain a copy of the baptismal certificate or other proof of baptism <u>if not</u> baptized in one of the Scioto Catholic churches. Please submit this copy to the office at St. Mary's by October 1, 2024.</i>	

FIRST COMMUNION INFORMATION

Date of First Communion	
Church of First Communion	
Address of Church of First Communion	
<i>Please obtain a copy of the certificate or other proof of First Communion <u>if not</u> received in one of the Scioto Catholic churches. Please submit this copy ASAP to the office at St. Mary's by October 1, 2024.</i>	

SPECIAL NEEDS

Does this child have any learning or physical needs (food allergies or medical issues)?

If so, please list them below, with specific instructions.

CONSENT FOR MEDICAL CARE

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or medical professional; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless opinions of two licensed physicians, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

Print Student Name

Print Parent/Guardian Name

Parent/Guardian Signature

Date

OR _____ Permission is NOT granted for medical care.

LIKENESS RELEASE FORM

I give St. John Paul II Scioto Catholic permission to use my child's photo image or likeness in publications, on the St. John Paul II Scioto Catholic website, and on the St. John Paul II Scioto Catholic Facebook page that will be used for the purpose of informing parishioners about activities of the Confirmation class and to promote Confirmation class. I understand that my child's name and contact information will never be used in any publication or on any website without separate, explicit written permission. Photo images will not contain identifying information.

Print Student Name

Print Parent/Guardian Name

Parent/Guardian Signature

Date

OR _____ Permission is NOT granted to use photos of my child in Confirmation class.