

**St. Marcelline Church**  
 Confirmation Program Registration Form  
**Due no later than August 31, 2018**

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

Parent/Guardian #1: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>STUDENT INFORMATION</b>							
Full Name	Gender	Birth Date mm/dd/yyyy	High School Fall 2018	Grade Fall 2018	B*	R*	E*

\*Has the student received the Sacraments of Baptism, Reconciliation, and Eucharist?

**For NEW STUDENTS ONLY, on the lines below please print his/her full name and the church at which they were baptized: (Please enclose a copy of the baptismal certificate for each new student not baptized at St. Marcelline.)**

\_\_\_\_\_

Church of Baptism
Church Location
Date of Baptism

**If the student attended the EDGE Program during their 7<sup>th</sup> and 8<sup>th</sup> Grade year, please circle the years they attended:**

7<sup>th</sup> Grade      8<sup>th</sup> Grade

**Is this the first time the student listed above attended St. Marcelline Religious Education? Please circle one:**

YES    NO

# St. Marcelline Church

Tuition Payment Form

**Due no later than July 20, 2018**

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

**Confirmation Tuition:**

Confirmation 1 is a flat fee of \$240.00 per student.

Confirmation 2 is a flat fee of \$265.00 per student.

Student		Confirmation 1	Confirmation 2		Total Amount Due
	x	\$240.00		=	
	x		\$265.00	=	
		Total Amount Paid		=	

**Please Note:**

The fee for the Confirmation Program is based on the cost of materials, supplies and retreats. Therefore, we are unable to discount the program if you have multiple children enrolled.

**Full payment is due at the time of registration. Payment Options:**

1. Cash/ Check      2. Debit or Credit Card      3. Give Central      4. Payment Plan

**Payment Methods:**

1. If paying by cash/check, please bring your payment directly to the Parish Administration Center. Please do not send cash through the mail.

2. If paying by credit/debit card, please complete the Credit Card Payment Form.

3. If paying by using “Give Central,” go to [www.stmarcelline.com](http://www.stmarcelline.com); click on the Give Central logo and follow the prompts.



Then look for the event



4. If paying the tuition in full will create a financial hardship for your family, a monthly payment plan will be arranged. Please call Howard Grossman, Youth Minister, at the Parish Administration Center at 847-524-9484. We believe participation in the Confirmation Program is essential to the spiritual development of every teen, regardless of their ability to pay.

# St. Marcelline Church

## Debit/Credit Card Authorization Form

(We only accept Visa, MasterCard or Discover)

**To authorize a one-time tuition payment:**

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: <b>Visa</b> <b>MasterCard</b> <b>Discover</b>
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits on back of card)</small>
Payment Information	
Payment authorized in the amount of:	Cardholder Signature:
Date:	

**To authorize multiple tuition payments:**

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: <b>Visa</b> <b>MasterCard</b> <b>Discover</b>
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits on back of card)</small>
Payment Information	
<p>I authorize St. Marcelline to charge the above credit card in the amount of \$_____</p> <p>monthly on the _____ day of each month beginning (date)_____ until the full</p> <p>balance of \$_____ has been paid.</p>	
Cardholder Signature:	Date:

# St. Marcelline Church

Student Contact Information/Authorization

**Due no later than July 20, 2018**

Please provide the following information for each student enrolling in our Confirmation Program. If you have more than one student, please complete a separate form for each student.

**Student's Name:** \_\_\_\_\_

Please complete the following information for the methods of communication which you approve to contact your child. The information will be used by the Youth Minister and your child's Catechist, or other designated office personnel to convey information regarding program activities and events. This information will not be shared/sold/traded with any other organization.

**Student's Cell Phone:** \_\_\_\_\_

**Is texting permitted to this cell phone?** \_\_\_\_\_

**Student's email address:** \_\_\_\_\_

**Student's Facebook:** \_\_\_\_\_

I hereby give permission for my child to be contacted by the forms of communication indicated above:

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

Parent/Guardian Printed Name: \_\_\_\_\_

**St. Marcelline Church**

Permission/Medical Release Form

**Due no later than July 20, 2018**

**The Catholic Bishop of Chicago, a Corporation Sole and St. Marcelline Catholic Church  
Emergency/Medical Contact Information and Child/Minor Acknowledgement Form  
For Confirmation and Other Related Programs. Effective:  
The date of signature - September 1, 2019**

Name of Child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

**Doctor's Name:** \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Is your child/minor allergic to anything? If so, please list the allergies: \_\_\_\_\_

\_\_\_\_\_

Is your child/minor taking and medications? If so, please list the medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any physical/behavioral/emotional concerns that might affect your child's participation in class (e.g., ADD, ADHD, speech/hearing issues, autism, shyness, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Child/Minor Acknowledgement Form

(Continued)

The Catholic Bishop of Chicago (CBC) and St. Marcelline Catholic Church are committed to conducting programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and St. Marcelline insists the participants follow safety rules and instruction designed to protect the safety of the participants and attendees.

Please recognize that the CBC and St. Marcelline does not carry medical insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or St. Marcelline responsible for payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child may sustain as a result of participating in activities connected with this program. If I am responsible for the transportation of my child to and from the event, the use of my personal automobile to transport participants or attendees is not sanctioned by the CBC or St. Marcelline and is my voluntary undertaking. If an Adult Volunteer Driver transports my child to and from an event, it is my understanding that the adult driver has submitted to a background check and has taken Virtus Training. In either case, it is understood and acknowledged by the adult driver that their automobile insurance is primary; the driver will understand and comply with the rules and regulations of the Illinois Motor Vehicle Code; the driver understands and will comply with Federal, State and local laws. During the event(s) and to and from the event(s) the driver will not engage in any inappropriate behavior or activity.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and St. Marcelline Catholic Church from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or St. Marcelline Catholic Church officials to secure from a hospital, physician, and/or medical personnel any treatment deemed necessary for minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

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Parent/Guardian Signature

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Date

# Service Experiences

(Revision date May 25, 2018)

## **Why are Confirmation students required to complete service experiences?**

Confirmation candidates are required to complete service experiences because service is an essential component of Christian discipleship. During the period of preparing to receive the Sacrament of Confirmation, the Confirmation candidates should have many opportunities and experiences of serving others. The idea of accumulating a certain number of “service hours” in order to be confirmed is discouraged for two reasons: 1) it gives the appearance of merely “fulfilling a requirement” in order to “earn” Confirmation, similar to doing community service hours in order to fulfill a parole requirement, and 2) Service hours are often done as a task to be completed rather than an experience where one can encounter the living Christ. It is, however, important for the Confirmation candidate to reflect on the overall experience of serving others as a way of living their lives as a Catholic Christian and encountering Christ in those whom we serve.

## **Why service experiences are required?**

Service experience must be completed between September and **July each year** of the Confirmation Program.

3 Experiences at the soup kitchen with a group from St. Marcelline

2 Experiences with St. Vincent DePaul’s food pantry at St. Marcelline

2 Experiences at Feed My Starving Children (transportation will not be provided)

2 Experiences of your choice

If a Confirmation Candidate does a St. Marcelline ASP mission trip in one or both of the years of Confirmation preparation, the candidate is required to do **one of each** of the experiences listed above.

## **How should the Confirmation Candidate schedule the experiences?**

The following service experiences for the soup kitchen and food pantry must be scheduled by emailing the Youth Minister at [hgrossman@stmarcelline.com](mailto:hgrossman@stmarcelline.com) The service experiences for Feed My Starving Children and the experience of your choice must be scheduled by the individuals.

## **How will I prove that I did the service?**

The Confirmation candidate must complete the Service Reflection that is on the St. Marcelline website at <http://www.stmarcelline.com/pages/YMActivities.html> The form is located on the right side of the page. The original copy of the completely filled out form must be turned in within two weeks of the experience. It would be wise to hand it directly to the Youth Minister.

(Continued)

**What if I have questions about this policy?**

Talk directly to the Youth Minister!

We, both the student and parent, have read this policy and understand that it is a requirement of the St. Marcelline Confirmation Program.

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Student's Signature                      Date

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Parent's Signature                      Date

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Student's Printed Name

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Parent's Printed Name