Saint Augustine Parish, Hartford, CT
Family Faith Formation Program
Director: Jennifer Torres
Email: ccd@staugustinehtfd.org

Youth Confirmation Registration

- ☐ **Confirmation Program** – *Only for students who have already received First Communion / Solo para estudiantes que ya hayan recibido la Primera Comunión*
  - **Confirmation** – Grade **9th and up / 9no grado escolar en adelante**

Requisites

- Attend Mass on Sundays and other Holy Days of Obligation as prescribed by the Church. */ Asistir a misa los domingos y otros días sagrados de obligación según lo prescrito por la Iglesia.*
- Be a registered parishioner of St. Augustine Parish. If you need to register, please contact the parish office. / Ser feligrés registrado en la parroquia de San Agustín. Si necesita registrarse, por favor contacte con la oficina parroquial.
- Be able and willing to attend all scheduled classes and required activities. / Asistir y participar a todas las clases programadas y actividades requeridas.
- Participate at least Once a month, within a Ministry in Our Parish. (Usher, Altar Server, Lector, Choir) / *Participar al menos una vez al mes, dentro de un ministerio en nuestra parroquia. (ujier, monaguillo, lector, coro)*
- Children must be in **Grade 9 or higher** to receive the **Sacrament of Confirmation**. / Los niños deben estar en **9no grado o superior** para recibir el **Sacramento de la Confirmación**

Required Documentation

- ☐ Copy Birth Certificate / Certificado de Nacimiento
- ☐ Copy Certificate of Baptism / Certificado de Bautismo
- ☐ Copy 1st Holy Communion Certificate / Certificado de 1ra Comunion
- ☐ Copy Parent Identification
- ☐ Fee $80 (non-refundable)
  - You may pay online at https://www.osvhub.com/church-of-saint-augustine/giving/funds/religious-education (Please make sure to Print Confirmation)

SUBMIT FORM AND REQUIRED DOCUMENTS

ENTREGAR EL FORMULARIO Y LOS DOCUMENTOS REQUERIDOS

Only Fully Completed Registration forms along with documentation will be accepted.
Solo se aceptarán los formularios de registro completamente completados junto con la documentación

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For Office Use Only:
__ Copy if Birth Certificate
__ Copy of Baptism Certificate (if applicable)
__ Copy of First Holy Communion (if applicable)
__ Sponsor Form
__ Fee - Paid in Full _____ Partial Payment _____

Youth Confirmation Registration

Students Name_____ **Today's Date:** _____

Address: _____

Age_____ Date of Birth_____ Grade _____

Phone: _____ **Email:**_____

Family Members	**Full name/***Nombre Completo*	**Ph#/** Número de Teléfono	**Email**
Mother/Mamá			
Father/Papá			
Parents are Married Catholic - Together, Not Married - Not Together. Papas están casados por la Iglesia Católica / Conviviendo / Separados?			

Sacraments Received	Yes or No	Date	Church of Baptism or Denomination
Baptism			
First Holy Communion			

Are you a registered parishioner of St. Augustine? ¿Estas registrado como parroquiano de San Agustín? _____

*Do you have a Sponsor? ___Yes ____No, but I will find one ___No, I will need help finding one.

A sponsor is a practicing Catholic who will serve as your spiritual companion and role model as you prepare for Baptism and/or Confirmation

Important Information/Información Importante

_____

_____

Emergency Contact Name:_____

Phone #:_____Relationship:_____

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child(ren) named on this form, hereby give permission to Saint Augustine Parish, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

En el caso de una emergencia, yo, el padre/tutor abajo firmante de los niños nombrados en este formulario, por la presente doy permiso a la Parroquia de San Agustín y a sus empleados, agentes, representantes y voluntarios adultos, para organizar y autorizar un tratamiento médico, dental o quirúrgico de emergencia para mi hijo, según lo considere necesario el médico tratante. Deseo que el hospital o el médico me informen antes de cualquier tratamiento adicional

_____ _____

Parent or Guardian Signature Date