Registration for 2026/2027 Confirmation Preparation

Year 1 (Grades 8+) and Year 2 (Grades 9+) for both Public and Catholic School Students

KINDLY RETURN COMPLETED FORM AND PAYMENT BY SEPTEMBER 1ST 2026 TO:
Holy Trinity Church | Attn: Iván Luqueño-Tlayeca | 1460 Ridge Road | Webster, NY 14580
Cash or Check made out to Holy Trinity Church

STUDENT INFORMATION

Name (first, middle, last) _____

Address _____ **Town** _____ **Zip** _____

Date of Birth ____ / ____ / _____ **School** _____ **Grade 2026/2027** _____

Date of Baptism ____ / ____ / _____ **Church & City of Baptism** _____

During this past year, 2025/2026, were you enrolled in:

☐ **Confirmation Year 1** ☐ **Faith Formation Grade 7** ☐ **Catholic School name:** _____

Confirmation Class Choice:

Sunday, 6:30 – 8:00PM ___ (limited 15 students) OR Tuesday, 6:30 – 8:00PM ___ (limited 15 students)
REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS.
Depending on registrations, the Tuesday evening option may be eliminated. If this occurs parents will be contacted immediately
Note that certain weekly sessions will only be offered on Sunday and will be announced in advance. Students are welcome to attend either session each week but must select a regular class.

PARENT INFORMATION

Mother's Name (include maiden name) _____

Mother's Cell # _____ **Email** _____

Father's Name _____

Father's Cell # _____ **Email** _____

Material Fee: **Payment is due at the time of registration. Cash or checks payable to *Holy Trinity Church*.**
If you are in financial need, please contact us for assistance.
YEAR 1 (Public School students) $**75 per student**
YEAR 1 (Catholic School students) $**50 per student**
YEAR 2 (Public School students) $**50 per student**
YEAR 2 (Catholic School students) $**50 per student**

REQUIRED MEDICAL AND MEDIA RELEASE ON REVERSE

For office use only: Ck. No. _____ Ck. Date _____ Ck. Amt. _____

HEALTH HISTORY

Please list any medical conditions that might affect your child(ren) participating in this program.

Does your child(ren) have any allergies or other dietary restrictions?

_____

_____

_____

Is your child(ren) currently taking any medications (prescription and /or non-prescription)? If so, please list.

_____

_____

_____

Is there anything else we should know about your child(ren), especially with regards to disability, neurodiversity, and/or necessary accommodations?

_____

_____

_____

EMERGENCY CONTACT and MEDICAL RELEASE INFORMATION

Emergency Contact (*If parents cannot be reached.*) _____

Emergency Contact's Relationship to Child(ren) _____

Emergency Contact's Cell Phone Number _____

Primary Care Physician _____

Primary Care Physician's Phone Number _____

Release Statement:

I give permission for my child(ren) to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child(ren). I certify that my child(ren) is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

Submitting this form confirms that I give permission for my child(ren) to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers and parish sponsor from any and liability for any damages suffered as a result of or relating to my child(ren)'s participation in the program. I agree that neither the Diocese of Rochester nor the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

PARENT SIGNATURE _____ **DATE** _____

MEDIA RELEASE

Regarding the use of photographs, slides, audiotapes, and/or videotapes of my children named above:

Holy Trinity Church *(please check one below):*

_____ HAS **permission** to photograph or video my child(ren) during the 2026/2027 Faith Formation Program or related activities. Such media may be shared with our parish community through church bulletins, emailed newsletters, live video feed and social media, etc. Full names of minors will not be used in conjunction with photographs or video.

_____ DOES **NOT have permission** to photograph or video my child(ren) during the 2026/2027 Faith Formation Program except if my child's face is indistinguishable (i.e. turned away from the camera or otherwise unidentifiable).