

Parish of Aughanishin

Church of the Irish Martyrs, Letterkenny, Co. Donegal.

074 91 27600 / irishmartyrschurch@gmail.com

SACRAMENT OF CONFIRMATION REGISTRRTION FORM

Your Child's Details

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Please tick which school the child attends:

Lurgybrack N.S.: ____ Woodlands N.S.: ____ Ballyraine N.S.: ____

Educate Together N.S.: ____ Other (*Please Name School*) _____

Baptismal Details

Has this child been baptised? Yes: ____ No: ____

If Yes - Date of Baptism (*Month & Year*)

*If Baptism **was not** in the Church of the Irish Martyrs - please provide name and address of Church and a copy of the Baptismal Certificate:*

If No - Please speak to one of the priests of the parish to arrange a baptism as your child needs to be baptised to proceed to receive the Sacraments of Reconciliation and First Communion.

Sacraments of Reconciliation and Eucharist Details

Has this child received the Sacraments of Reconciliation & Eucharist? Yes: ____ No: ____

If Yes - What year did they receive the Sacraments? _____

If this child did not receive these sacraments in the Church of the Irish Martyrs - please provide name and address of Church and when they received these sacraments:

If No - Please speak to one of the priests of the parish to arrange for your child to receive the Sacraments of Reconciliation and First Communion.

Parent / Guardian Contact Details

Parent / Guardian

First Name: _____

Surname: _____

Email: _____

Mobile: _____

I give consent to be contacted by email and/or text to receive information on meetings, Masses, rehearsals for the sacraments and other events. Yes: ____ No: ____

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Parent /Guardian

First Name: _____

Surname: _____

Email: _____

Mobile: _____

I give consent to be contacted by email and/or text to receive information on meetings, Masses, rehearsals for the sacraments and other events. Yes: ____ No: ____

Which parent /guardian will be the primary contact person:

Name: _____

Parental Commitment

Please tick the following to indicate you understand the commitment you are making:

___ I would like my child to receive the Sacrament of Confirmation

and therefore -

___ I would like my child to take part in the parish programme of preparations to help them be fully prepared to receive the Sacrament.

___ I commit to taking part and assisting my child to enable him/her to receive the sacrament by attending weekly celebration of the Eucharist; praying with my child; helping him/her learn their prayers and participate in the parish programme 'You shall be my Witness...'; to the best of my ability.

Signature(s):

Parent /Guardian

Name: _____

Date: _____

Parent /Guardian (if two names given above)

Name: _____

Date: _____

Note:

All information provided will be held in confidence in the Parish Office.

For Parish Office Use only:

Baptismal details verified by register or Baptismal Certificate: _____

Sacraments to be provided: _____

Contribution of €10: _____

Details recorded: _____

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Activity Permission & Consent Forms for Persons Under 18 Years of Age

'SAFEGUARDING CHILDREN' DIOCESAN GUIDELINES & POINTS TO BE AWARE OF:

Any concerns regarding the safeguarding of children taking part in this activity should be brought immediately to the notice of the 'Designated Person' listed by the Parish for this activity.

All those participating in Parish activities are expected to abide by the Code of Behaviour for the activity, and to accept instructions from leaders, otherwise they may be excluded from activities.

Please ensure that your child has any medication he or she might require and knows how to take it.

All medical information provided will be treated in confidence.

Parents are reminded to drop off and collect children and young people promptly from all activities.

Only those with signed permission will be allowed to leave unaccompanied.

The Diocese of Raphoe only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the Diocese, its servants or agents.

Parish: Parish of Aughanishin (*Church of the Irish Martyrs, Letterkenny*)
Designated Person: Bairbre Cahill
Activity: Confirmation Preparation Programme, '*You Shall be my Witnesses...*'
Date/Time: See attached information sheet for dates and times
Duration: See attached information sheet
Group Leader: As arranged and informed at first event.

Name of Young Person: _____
Date of Birth: _____
Address: _____

Contact details of Parent/ Guardian

Name: _____

Telephone Number(s) {Mobile & Landline} for the Duration of the Programme

Landline: _____ Mobile: _____

Alternative contacts

Name and telephone number(s) of available person(s), during the period of the activity, in the event of non availability of parent/guardian:

Name: _____ Contact No.: _____
Name: _____ Contact No.: _____
Name: _____ Contact No.: _____

Medical Information

Please give details of ANY medical condition of which the leaders ought to be aware, *e.g. asthma, allergies, etc.*

Permission to walk home (*Please tick one*)

My child **does** ___ **does not** ___ have permission to walk home.

You as a parent /guardian are responsible for, or to arrange, the safe delivery and collection of your child to the venue where they are doing these confirmation preparation sessions.

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Having read all the information provided concerning the above activity, I hereby give permission for my son/daughter/ward to participate in the above activity. I also give permission for group leaders to make any necessary emergency decisions during this activity.

Signed: _____ Date: _____
(Parent/Guardian)

Media Permission Form

I, _____ give permission for photographs to be taken of me/ my child and to be used if required (*please tick*):

- in newsletter, and other official parish publications _____
- On the parish website or parish Facebook site _____

Parent/Guardian Signature: _____

Relationship to young person: _____

Child Signature: _____

Date: _____

NOTE: On all publications and other forms of media - no name will be attached to any photograph so as to identify an individual.