

# C-2 Confirmation Program Registration Form

(Please print or type)

Date \_\_\_\_\_

Participant's name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Is it all right to call for other than an emergency? Yes \_\_\_ No \_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Is it all right to call for other than an emergency? Yes \_\_\_ No \_\_\_

Please give the family name if different from participant's: \_\_\_\_\_

Name of participant's school \_\_\_\_\_ Grade level \_\_\_\_\_

Participant's birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Total years of formal religious education (Catholic schools or parish religious education programs) \_\_\_\_\_

Complete date Baptism was celebrated \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and complete mailing address of parish where baptized where participant was \_\_\_\_\_

Has First Eucharist been celebrated? Yes \_\_\_ No \_\_\_ First Reconciliation? Yes \_\_\_ No \_\_\_

Is your family registered in our parish? Yes \_\_\_ No \_\_\_ Do you need registration materials? Yes \_\_\_ No \_\_\_

To whom shall we address correspondence regarding the participant? \_\_\_\_\_

Mode of transportation for the participant: Automobile \_\_\_ Walking \_\_\_ Bicycle \_\_\_ Bus \_\_\_ Other \_\_\_\_\_

Is there any other information that you think would be of value to us? All information will be treated with confidentiality. \_\_\_\_\_

Please check those areas in which you can help:

- |  |   |
|--|---|
| <input type="checkbox"/> Working as a classroom aide | <input type="checkbox"/> Being available to help at special occasions |
| <input type="checkbox"/> Baby-sitting                | <input type="checkbox"/> Taking work home                             |
| <input type="checkbox"/> Offering driver services    | <input type="checkbox"/> Doing office work                            |
| <input type="checkbox"/> Doing phone calling         | <input type="checkbox"/> Other skills or talents you may have: _____  |

Registration costs for the Confirmation program: \$ \_\_\_\_\_ for the first child, \$ \_\_\_\_\_ for each additional child. Please note that for the retreat there will be an additional fee that is determined by the retreat location and the number of participants. (No one is ever denied religious education because of lack of money to pay fees. If any of the fees presents a difficulty, please speak with the coordinator.)

(Complete only after parent meeting) Name of sponsor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

(Office use only) Method of payment: <input type="checkbox"/> Paid in full <input type="checkbox"/> Partial payment (amount paid: _____)
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____