

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:

Working as a classroom aide

Baby-sitting

Offering driver services

Doing phone calling

Being available to help at special occasions

Taking work home

Doing office work

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: Paid in full Partial payment (amount paid: _____)

Cash Check # _____