

SACRED HEART CATHOLIC CHURCH - CONFIRMATION REGISTRATION FORM 2006-2007

DATE: _____ CONFIRMATION YEAR STUDENT IS REGISTERING FOR: _____

STUDENT INFORMATION:

(PLEASE PRINT CLEARLY AND FILL OUT ENTIRE FORM)

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____

NAME OF SCHOOL: _____ GRADE LEVEL: _____

(IF STUDENT HAS NOT RECEIVED ANY OF THESE SACRAMENTS PLEASE INDICATE WITH "NO" IN THE BLANK)

DATE OF BAPTISM: _____ WHERE: _____

DATE OF FIRST RECONCILIATION: _____ WHERE: _____

DATE OF FIRST HOLY COMMUNION: _____ WHERE: _____

* I WOULD LIKE TO REGISTER MY STUDENT FOR RECONCILIATION AND FIRST HOLY COMMUNION FOR TEENS (RCHT): Y/N

STUDENT'S LEVEL IN CONFIRMATION PROGRAM LAST YEAR: _____

STUDENT'S PREVIOUS RELIGIOUS EDUCATION CLASS: _____

(PARENT INFORMATION)

FATHER'S FULL NAME: _____

PHONE (HOME): _____ PHONE (WORK): _____

MOTHER'S FULL NAME: _____

PHONE (HOME): _____ PHONE (WORK): _____

PRIMARY MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF PRIMARY MAIL RECIEVER: _____

STUDENT'S PRIMARY GUARDIAN(S) *(PLEASE CIRCLE)*:

FATHER & MOTHER FATHER MOTHER OTHER: _____

NUMBER OF STUDENT (S) CURRENTLY ENROLLED IN CFF (K-8): _____ GRADE (S) _____

REGISTERED MEMBER (S) OF SACRED HEART: Y / N

I give permission for _____, to participate in the confirmation program at Sacred Heart Catholic Church. I understand the requirements set upon by the confirmation coordinator, withdrawal procedures, refund and payment policies.

Print Full Name

Signature

Date

OFFICIAL USE ONLY

CLASS COST: \$100 \$50

FAMILY FEE: \$ _____ . ENVELOPE # _____

TOTAL AMOUNT DUE: \$ _____ .

AMOUNT PAID: \$ _____ CASH: _____ or CHECK: _____ CHECK# _____