

Date _____

CONFIRMATION REGISTRATION FOR 2020-2021

PARENT NAME _____
LAST FIRST MIDDLE

Please circle one **Mother** **Father** **Stepdad** **Stepmom** **Other** _____

ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE (REQUIRED) _____

MEMBER? YES NO (please circle one) If not would you like to become a Member? YES NO

Email (REQUIRED): _____ (TO SEND REPORTS TO)

PARENT NAME _____
LAST FIRST MIDDLE

Please circle one **Mother** **Father** **Stepdad** **Stepmom** **Other** _____

ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE (REQUIRED) _____

MEMBER? YES NO (please circle one) If not would you like to become a Member? YES NO

Email (REQUIRED): _____ (TO SEND REPORTS TO)

CHILDREN'S NAME(S)

Circle one	First Name	Middle Name	Last Name	Grade going to be in this school year	Birth Date
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____

Was this child baptized? YES NO If so, where? _____

Has this child taken First Communion Instruction? YES NO If so, when? _____

<p>My child will be attending</p> <p>_____ 5 pm Confirmation _____ 6 pm Confirmation</p> <p>_____ Either will work _____ NEED OTHER TIME</p> <p>_____ ZOOM Only</p>	<p>Emergency contact if we are unable to reach you.</p> <p>NAME: _____</p> <p>PHONE NUMBER: _____</p> <p>RELATIONSHIP TO CHILD: _____</p>
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If any of your children have health concerns we should know about, please list them here beside their name: