

**Saint Mary of the Assumption Parish  
Saint Ann Church  
Confirmation Program  
2016-2017**

To enroll your child/children in the Confirmation program, **please complete this form and return with payment** to St. Mary of the Assumption Parish, Religious Education Office, 208 Samoset Ave., Hull, MA 02045. *Forms may be mailed or dropped off at the religious education office. A mail slot is available for after office hour drop-offs.*

**Check one:**     New to program     Re-enrollment

**FAMILY INFORMATION**

**MOTHER/GUARDIAN:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*In an effort to be green, communications will be sent electronically, please supply email address.*

**FATHER/GUARDIAN:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*In an effort to be green, communications will be sent electronically, please supply email address.*

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

*Please list only the children you will be registering into the Confirmation Program.*

<i>Last Name:</i>	<i>First Name:</i>	<i>Grade:</i>	<i>School Attending:</i>
1. _____	_____	_____	_____

2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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4. _____	_____	_____	_____
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**REGISTRATION FEE**

**Full Program:    \$50 per student**

**Catholic School: \$30 per student**

**Amount Enclosed:** \_\_\_\_\_    ***Paid In Full:*** \_\_\_\_\_    ***Monthly:*** \_\_\_\_\_

***\*For a confidential conversation about extenuating financial situations please contact Lisa Harney @ 781-254-9116.\*\*\****

**GENERAL/SACRAMENTAL INFORMATION**

Please complete a section for each child *new to the program*.

**1. Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_

\_\_\_\_\_

Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_

\_\_\_\_\_

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**2. Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_

\_\_\_\_\_

Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_

\_\_\_\_\_

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