

**Saint Mary of the Assumption Parish  
Saint Ann Church  
Confirmation Program  
2017-2018**

To enroll your child/children in the Confirmation Program, **please complete this form, along with payment.** Payment may be made online or by check. Form or payment (if not paid online) should be mailed to or dropped off at St. Mary of the Assumption Parish, Religious Education Office, 208 Samoset Ave., Hull, MA 02045. *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.*

*Last Name:*                      *First Name:*                      *Grade:*                      *School Attending:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**REGISTRATION FEE**

Full Program:    \$50 per student

Catholic School: \$30 per student

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