

Saint Mary of the Assumption Parish
 Saint Ann Church
 2018/2019 Confirmation Preparation
 Registration Form

CHECK ONE: New to program (*please complete back of form*) Re-enrollment

I. FAMILY INFORMATION

Mother/Guardian:

First Name: _____ Last Name: _____ Maiden: _____

Religion: _____

Address: _____ Phone: _____

Cell Phone: _____

Email Address: _____

**All communications will be sent electronically. Please supply email address.*

Father/ Guardian:

First Name: _____ Last Name: _____ Religion: _____

Address: _____ Phone: _____

Cell Phone: _____

Email Address: _____

**All communications will be sent electronically. Please supply email address.*

II. EMERGENCY CONTACT

Name: _____ Phone: _____

Relation: _____

III. STUDENT INFORMAITON

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

	Student Last Name	Student First Name	Grade	School Attending	Photo Release? (Y/N)
1					
2					
3					

IV. TUITION

Full Program: \$50 per student
 Catholic School: \$30 per student

Amount Enclosed: \$ _____ Paid In Full Electronic Payment (stmaryhull.weshareonline.org)

For a confidential conversation about extenuating financial situations please contact Tina DelGuidice @ 781-925-0680 ext. 14. *****General/Sacramental Information:** Please complete back for each child **new to the program.**

STUDENT GENERAL/SACRAMENTAL INFORMATION:

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

1. Child's Name: _____ **Grade:** _____
Sex: M F DOB: _____
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st Eucharist: _____ Church: _____ City/State: _____
Previous Formal Religious Ed: # of yrs. _____ Parish: _____
Comments/Special Needs: _____

Medical Issues (allergies, disabilities, etc.): _____

2. Child's Name: _____ **Grade:** _____
Sex: M F DOB: _____
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st Eucharist: _____ Church: _____ City/State: _____
Previous Formal Religious Ed: # of yrs. _____ Parish: _____
Comments/Special Needs: _____

Medical Issues (allergies, disabilities, etc.): _____

3. Child's Name: _____ **Grade:** _____
Sex: M F DOB: _____
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st Eucharist: _____ Church: _____ City/State: _____
Previous Formal Religious Ed: # of yrs. _____ Parish: _____
Comments/Special Needs: _____

Medical Issues (allergies, disabilities, etc.): _____
