

Saint Mary of the Assumption Parish  
Saint Ann Church  
**Confirmation Preparation Program 2020/2021**  
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 INFORMATION**

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**

\$90 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 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.): \_\_\_\_\_  
\_\_\_\_\_

**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.): \_\_\_\_\_  
\_\_\_\_\_

**3. 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.): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I OPT OUT to having pictures of my son or daughter shared on social media.

\_\_\_\_\_ I give permission for my child/children to participate in ZOOM or another online communication tool as a method of communication.