

FAMILY LAST NAME: _____ Date _____

ST. ANDREW'S CONFIRMATION REGISTRATION

Names of **ADULT**(s) child lives with:

Adult's First Last Religion

Adult's First Last Religion

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Email Address: _____

Home Phone Number: _____ Parent's Cell Phone: _____

Parent's Cell Phone: _____

Student's e-mail address: _____

Student's Cell Phone Number: _____

(Student's e-mail address and cell phone number will only be used for confirmation purposes only.)

Permission to text to student and parent regarding confirmation information _____ yes _____ no

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

First and Last Name Grade Baptism Penance Eucharist

Baptism Certificate/First Communion Certificate from: _____

(Candidate needs a certificate if they were not baptized or made their First Communion at St. Mary's or St. Andrew's.

Please list any special needs and medical information we should know: _____

Religious Education fees are \$60.00 per child.

(Includes textbook, cross, class supplies, candle, learning center supplies and Rite supplies, etc.)

PAID _____ CHECK# _____ UNPAID _____ WILL PAY BY: _____