



## CONFIRMATION REGISTRATION FORM

Confirmation I

Confirmation II

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

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

Home Phone: (603) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Cell \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_

Father's Cell \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_

Medical needs or allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Registration and Fee: \$100.00

The full payment for class must accompany the registration form.

Please make checks payable to *St. Lawrence Confirmation Program*

I have attended the mandatory sign up meeting and understand the parish policies regarding attendance, fees, Confirmation requirements, Diocesan expectations for curriculum, volunteer work, and chaperoning.

I understand that non-compliance with and Parish Program Policy may result in dismissal of the student from the program.

I give the Confirmation Director permission to email my child at \_\_\_\_\_ regarding church events and/or any information pertaining to the Confirmation Program.

### Photograph Permission

Photographs are sometimes taken during youth sessions and events. They are displayed publicly; e.g., on parish website, parish Facebook, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities.

If you do not want images taken and used as described, please send a written notice to that effect to: Youth Leader, St. Lawrence Parish, 1 E. Union St., Goffstown, NH 03045.

### General Information

My signature below indicates that to the best of my knowledge the information on this form is accurate and true. I give permission for my child(ren) listed above to attend Confirmation classes at Saint Lawrence Parish. In the case of emergency, I give permission for my child(ren) to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified. I agree I will assume full responsibility for the payment of such treatment.

Parent Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_