



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 Issues: _____

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.

Parent Name (please print) _____ Date: _____

Parent Signature: _____

Student Signature: _____