

St. James Religious Education 2011

Confirmation Registration Form



FAMILY INFORMATION

(Please type or print clearly the information below)

*Student Full Name: _____ *Home Phone: _____

*Primary E-Mail Contact: _____

*Mailing Address: _____

*Father's Full Name: _____ Religion: _____ Work/Cell Phone: _____

*Mother's Full Name: _____ Religion: _____ Work/Cell Phone: _____
Maiden Name: _____

Step-Parent or Additional Contact: _____ Phone: _____

STUDENT INFORMATION (*required field)

*Date of Birth: _____ Male Female

*School Name/City/State: _____ *(to be notified regarding early dismissal)*

*Confirmation Name: _____

*Sponsor's Name: _____ Sponsor's Phone: _____

Sponsor's Home Parish/City/State: _____

Does your child have learning needs, difficulties, IEP, disability, medical conditions or allergies?

Explain: _____

Please return this form along with \$75 fee

Check **ONE** class day/time:

- ❖ **Level 8** _____ Summer Session 10:00am-12:00pm (Aug. 22-25) *(limited space available)*
- _____ Summer Session 6:30-8:30pm (Aug. 22-25) *(limited space available)*
- _____ Fall Session – Tuesday 7:00-8:15pm (Sept. thru Nov.)

❖ **SACRAMENTAL PREP** – (Levels 6 & 7 must be completed before registering for Confirmation)