

**St. Edmond Catholic Church**  
**2017-2018**  
**CONFIRMATION**



*RELIGIOUS EDUCATION REGISTRATION*



All completed registration forms with fees included received by July 1, 2017, will receive a \$5.00 discount.

Student's Name: \_\_\_\_\_ Sex: M F  
 (Last) (First) (Full middle name) (Circle one)

Date of Birth \_\_\_\_\_ **Grade Level 2017-2018:** \_\_\_\_\_ School attending: \_\_\_\_\_

Attended 9<sup>th</sup> and 10<sup>th</sup> grade religious education Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

*If new to our religious education program, a copy of your child's Baptismal and First Communion records are needed.  
 (Even if they received these Sacraments here at St. Edmond)*

Registered Member of St. Edmond Parish Yes \_\_\_\_\_ No \_\_\_\_\_ How many years? \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
 (Father's last name) (Father's first name)

**Father's Primary Email Address:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
 (Mother's last name) (Mother's first name) (Maiden name)

**Mother's Primary Email Address:** \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_

Mom's work phone#: \_\_\_\_\_ Dad's work phone#: \_\_\_\_\_

Mom's cell #: \_\_\_\_\_ Dad's cell #: \_\_\_\_\_

Child lives with: (circle the one which applies to your circumstance)

Mother & Step Father    
  Father & Step Mother    
  Father & Mother    
  Single Mother    
  Single Father  
 Grandparents    
 Guardian/Other

**Sponsor Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship with this candidate: \_\_\_\_\_ Email Address: \_\_\_\_\_ Church parish: \_\_\_\_\_ His/Her Confirmation Date: \_\_\_\_\_

Sponsors must be a confirmed adult in good standing with the Church. A parent may not be their own child's sponsor.

Classes: Mondays from 6:00-7:30  
 If both the registration form and fees are received by **July 1, 2017**, the fees will be **\$80.00**. After this date, fees will be **\$90.00**.  
 Out-of-Parish Fee: Additional \$35.00  
 REGISTRATION FEES ARE NONREFUNDABLE.

**Service Hours:** Please keep track of any service hours that you may earn over the summer that have been preapproved by Clark Alderman, Confirmation Coordinator. The number of required service hours for high school students that will be required will be determined in the very near future.

Please don't forget to complete page 2.



# CONFIRMATION RELIGIOUS EDUCATION



## REGISTRATION

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Student's Name: \_\_\_\_\_ Sex: M F  
(Last) (First) (Middle) (Circle)

Emergency Contact Person 1: \_\_\_\_\_  
(Other than parents) \_\_\_\_\_

(Home#)

(Work#)

(Cell#)

Emergency Contact Person 2: \_\_\_\_\_  
(Other than parents) \_\_\_\_\_

(Home#)

(Work#)

(Cell#)

Is your child taking any medication on a daily basis? \_\_\_\_\_

Does your child have any illnesses, allergies or disabilities of which we need to be aware?  
\_\_\_\_\_

Does your child have any type of special needs? \_\_\_\_\_

Please read the bulletin weekly and check the website (<http://st-edmond.org>) for the fall starting date of classes.

### MANDATORY MASS ATTENDANCE

Confirmation candidates are required to sign in for Mass every weekend even during the summer. The sign-in sheet for Mass is located on the table to the left of St. Edmond's statue. If they attend Mass somewhere other than St. Edmond, please have them collect the bulletins. Periodically, please have your child write their name on each bulletin cover and submit them to me. This may be done by means of mail, fax (989-1417) or scanned and emailed to me at [rbenoit@st-edmond.org](mailto:rbenoit@st-edmond.org). Thank you.

### FOR OFFICE USE ONLY

\_\_\_\_\_ Copy of Baptismal Certificate on File

\_\_\_\_\_ Completed White Card on File

\_\_\_\_\_ Copy of First Eucharist Certificate on File

\_\_\_\_\_ Parish Data System Updated

\_\_\_\_\_ Medical Release on File

\_\_\_\_\_ Photo Release on File

**Special Notations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

**Date Registration Received** \_\_\_\_\_

**Date Fees Received** \_\_\_\_\_

Paid: (Number of children)    1   2   3   3+

Check: # \_\_\_\_\_ \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Siblings: \_\_\_\_\_