

St. Edmond Catholic Church
2018-2019

CONFIRMATION



RELIGIOUS EDUCATION REGISTRATION



All completed registration forms with fees included received by July 1, 2018, will receive a \$5.00 discount.

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

Date of Birth _____ **Grade Level 2018-2019:** _____ School attending: _____

Attended 9th and 10th 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, 2018**, 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.

Please note that students must sign in at Mass every Sunday throughout the entire year.

Please don't forget to complete page 2.



CONFIRMATION RELIGIOUS EDUCATION



REGISTRATION

Page 2

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. 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: _____