

CONFIRMATION REGISTRATION FORM

7TH GRADE {1st Year Candidates}

STUDENT INFORMATION PLEASE PRINT

LAST NAME: _____		FIRST NAME : _____	
ADDRESS: _____			
CITY, STATE, ZIP: _____			
HOME PHONE: _____		EMERGENCY PHONE: _____	
Emergency Phone Description (ex. Mom's Cell Phone) _____			
BIRTH DATE: _____		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
STUDENT CELL: _____		STUDENT EMAIL: _____	
<small>(Student cell & email will only be used for communicating Confirmation. . <i>Parents will be copied on all email correspondence</i>)</small>			
<input type="checkbox"/> Sunday Class 7:00 - 8:30 PM			
PLEASE CIRCLE ALL COMPLETED GRADES OF RELIGIOUS EDUCATION			
1 2 3 4 5 6 7 8 OR CIRCLE - ALL			

TUITION

1 student in Gr 1-6 \$260	2 students in gr 1-6 \$370	3 or more students gr. 1-6 \$420	1 student in gr. 1-6 & 1 in confirmation \$500	1 student in Confirmation \$260	2 students in confirmation \$435
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\$500 Maximum tuition in all programs or combination of programs

ALLERGIES (including DRUG OR FOOD) _____
SPECIAL NEEDS: _____
SPECIAL MEDICATION OR OTHER PERTINENT MEDICAL INFO: _____

DATE OF BAPTISM: _____ (Church/Town/State) _____
DATE OF EUCHARIST: _____ (Church/Town/State) _____

Please complete information on back of form

MOTHER'S FIRST & LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

Mother's EMAIL:

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FATHER'S FIRST & LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

Father's EMAIL:

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PLEASE NOTE ANY SPECIAL GUARDIANSHIP INFORMATION: _____

I hereby grant my permission for OLM Church to use and publish photographs, video and/or sound recordings made of my teen by OLM Church, and I hereby release OLM Church from any and all liability from such use and publication. _____ *(please initial)*

FOR OFFICE USE ONLY

NAME: _____

GRADES: _____

DATE REC'D: _____

CHECK NUMBER: _____

\$ AMOUNT : _____

NOTES: _____