

CONFIRMATION REGISTRATION FORM

8TH GRADE {2nd Year Candidates}

STUDENT INFORMATION - PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME : _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

Emergency Phone Description (ex. Mom's Cell Phone) _____

BIRTH DATE: _____ GENDER: MALE FEMALE

STUDENT CELL: _____ STUDENT EMAIL: _____

(Student cell & email will only be used for communicating Confirmation events/activities.
Parents will be copied on all email correspondence)

Sunday Class 7:00 - 8:30 PM

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: _____

MOTHER'S FIRST & LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

MOTHER'S EMAIL: _____

FATHER'S FIRST & LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

FATHER'S EMAIL: _____

**For Confirmation Correspondence Information Only*

Please complete information on back of form

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: _____ GRADE: _____

DATE: _____ CHECK NUMBER: _____

\$ AMOUNT: _____

NOTES: _____