

St Jude Thaddeus Church

2020-21 Confirmation Registration

REGISTRATION FORM AND TUITION FEE DUE

ON OR BEFORE AUGUST 1, 2020

Mail to: St. Jude Office of Faith Formation

17 Mt. Olive Rd., Budd Lake, NJ 07828

Candidate/ Family Information

Candidate's Last Name: _____ First Name: _____

Candidate's Date of Birth: _____ Male/Female: _____

Candidate's High School (Fall of 2020): _____ Grade: _____

Faith Formation History – Last Grade Completed: _____ **Parish:** _____

FAMILY LAST NAME: _____

FATHER'S LAST NAME: _____ FIRST NAME: _____

MOTHER'S NAME: _____ FIRST NAME: _____
(Maiden) (Last)

Address: _____

Home Phone: _____ Primary Cell: _____

Mother's E-mail: _____ Father's E-mail: _____

Please put an (*) next to primary e-mail for communication.

EMERGENCY CONTACT INFORMATION

Mother's Business Phone: _____ Father's Business Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Additional Emergency Contact Name: _____ Relation to child _____

Emergency Contact Phone/Cell: _____

Make checks payable to: St. Jude Church

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Tuition Fees:

- **One Child-\$150.00**
- **Two Children-\$225.00**
- **Family-\$275.00**
- **GRADE 10 ONLY – Add Sacrament Fee \$25**

Photo Release: I give permission for my child/children to be photographed during class times and other program events. I understand that these images may be used in a display inside church property and/or posted on the parish website, and/or may be submitted to local newspapers.

Parent Signature: _____ Date: _____

SACRAMENT HISTORY: (New students only)

A copy of your child's Baptismal certificate must be submitted to the Faith Formation Office.

DATE OF BAPTISM: _____ **PARISH:** _____ **CITY AND STATE:** _____

DATE OF FIRST EUCHARIST: _____ **PARISH:** _____ **CITY AND STATE:** _____

Does your candidate have any special needs (Allergies/Medical Conditions, Learning Disabilities, etc.) Please be specific.

VOLUNTEER OPPORTUNITIES

Please check all areas that you are considering. We welcome your participation in the program.

Catechist Co-Catechist Youth Ministry Aide Occasional Assistance – Special Projects, Events

Name: _____ Phone: _____ E-mail _____