



Basilica of the Immaculate Conception
CONFIRMATION PROGRAM 2020-2021
REGISTRATION FORM

Candidate Name:	Date of Birth:
Mailing Address:	Age: Gender
School:	Current Grade

FAMILY INFORMATION

Mother/Guardian Name:	Home #:
Mailing Address:	Cell
	Work #:
	Email:

Father/Guardian Name:	Home #:
Mailing Address:	Cell
	Work #:
	Email:

RELIGIOUS EDUCATION

Please indicate below where your child has received religious education:

Grade 7 Parish or School:	City/State:
Grade 8 Parish or School:	City/State:

SACRAMENTAL INFORMATION

1. Catholic Baptism?	Yes	2. Received Sacrament of First Communion	Yes	Baptism Date:
3. Please bring the Baptismal Certificate to the office. We will make a copy for our records. The Certificate should be submitted prior to the beginning of the school year.				
Certificate Attached?	Yes	No		

Office Use Only

Date Submitted	Date Paid	Amt Paid	Paid by	Registration Complete
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The Fee for materials and retreat will be \$50.00. The materials and Confirmation Retreat fee covers costs associated with the preparation program.

Sponsor Information: Sponsor certificate must be obtained from sponsor's current parish.

Sponsor Name:		Does the sponsor meet all the requirements outlined in the selection guidelines?	Yes
Mailing Address:			
City, State, Zip			
Email Address:	Parish (name, city & state)		

HEALTH, MEDICAL AND SPECIAL NEEDS INFORMATION

Information listed below remains confidential and will serve to assist the coordinator and team in managing group dynamics. If there is any other information that would be helpful for us to know, please list below:

Please list any chronic health conditions, food or environmental allergies, educational or behavioral needs (ADD/HD, slow reader, etc.)

ACKNOWLEDGEMENT OF PROGRAM COVENANT

CANDIDATE COVENANT

I have read the program requirements, the candidate covenant, and the retreat behavior guidelines. I agree to follow the preparation program with the help and support of my parents and sponsor.

Candidate Signature:

Parent Covenant

I have read and understand the program requirements. I will support my child's faith journey and commitment to the process.

PARENT/GUARDIAN SIGNATURE:

Parent Volunteers: I would like to volunteer my time and talents to the parish this year.

Yes

Authorization to Publish Pictures

I grant permission to Saint Luke's Catholic Church to publish pictures of my child on the church's web site or in the church's publicity information, newsletters, bulletins or other printed material. I further state that I have the right to grant or refuse this permission, as I am the child's parent/legal guardian.

Yes

No