

Our Lady of Fatima Catholic Church
105 N La Esperanza
San Clemente, CA 92672
949-492-4101



Confirmation Registration Form 2023-2024
Parent/Guardian Information

Name _____ Name _____
 Relationship to student _____ Relationship to student _____
 Cell Phone _____ Cell Phone _____
 Parent's E-Mail _____
 Teen's E-Mail _____
 Address: _____ City: _____
 Zip Code: _____

I hereby authorize Our Lady of Fatima Church to use our pictures for church presentations, marketing, publicity, promotion and instruction.

Signature _____ Date: _____

High School Confirmation Year One

Cost: \$175 (We request a deposit of \$50 if fees not paid in full.)

Grades 9-12 Sundays 6:00-8:00PM

Student's Name (First and Last)	Age	Date of Birth	Sex M/F	Grade in Fall	Teen Cell	Baptism Y/N	1 st Comm Y/N	High School Name

High School Confirmation Year Two

Cost: \$375 includes C2 WEEKEND Retreat (We request a deposit of \$100, if fees not paid in full.)

Grades 9-12 Sundays 6:00-8:00PM

Student's Name (First and Last)	Age	Date of Birth	Sex M/F	Grade in Fall	Teen Cell	Baptism Y/N	1 st Comm Y/N	High School Name

Emergency Contact Person _____ Phone: _____

Allergies or other medical conditions: _____

I authorize Our Lady of Fatima Church to obtain emergency medical treatment for my child/children, if I cannot be reached.

Signature: _____ Date: _____

Registration Fee: _____	Amount Paid: _____	Amount Due: _____
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