

# CONFIRMATION REGISTRATION

THIS FORM IS FOR THE TEENS WHO HAVE COMPLETED THEIR FIRST YEAR OF CLASSES, EITHER IN A FAITH FORMATION PROGRAM OR A CATHOLIC SCHOOL.

**SESSIONS ARE BI-WEEKLY ON SUNDAY AFTERNOONS AT 4:30 PM**

**PLEASE PRINT and complete all required information.**

## PRIMARY PARENT/GUARDIAN INFORMATION

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ FATHER'S CELL PHONE: \_\_\_\_\_

PREFERRED E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARE BOTH PARENTS CATHOLIC? \_\_\_\_\_ RELIGION \_\_\_\_\_

MARITAL STATUS: CHURCH MARRIED \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_ SINGLE \_\_\_

ARE YOU REGISTERED WITH THIS PARISH? \_\_\_\_\_

CANDIDATE/CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

STUDENTS CELL PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ CITY AND STATE OF BIRTH: \_\_\_\_\_

HAVE YOU ATTENDED 8<sup>th</sup> GRADE PRE-CONFIRMATION CLASS? YES \_\_\_ NO \_\_\_

WHERE: (Religious Education or Catholic School) \_\_\_\_\_

SPECIAL NEEDS/ALLERGIES: \_\_\_\_\_

**PLEASE TURN PAGE OVER AND COMPLETE OTHER SIDE**

**BAPTISM AND COMMUNION INFORMATION**

Please fill out all the information requested. Without this information we will assume that your child has not received the Sacraments of Baptism or First Communion.

**EVERY STUDENT NEEDS TO ENCLOSE A COPY OF THEIR BAPTISM CERTIFICATE. Including those Baptized at St. Ignatius**

DATE OF BAPTISM: \_\_\_\_\_

CHURCH: \_\_\_\_\_

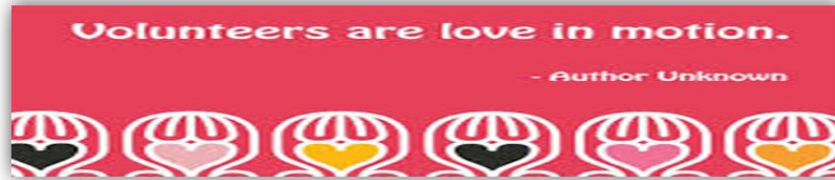
DATE OF FIRST COMMUNION: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**IMPORTANT**

Please sign if you give St. Ignatius of Antioch Roman Catholic Church permission to photograph your child (ren) and to use photographs for banners, posters, parish webpage or parish bulletin.

Signature of legal guardian: \_\_\_\_\_



**VOLUNTEERS = PARTNERS IN MINISTRY**

**I Can Help With...**

Facilitator/ Teacher \_\_\_\_\_ Special Events Helper \_\_\_\_\_ Food Ministry: \_\_\_\_\_

MAIL COMPLETED FORM TO: St. Ignatius Children and Youth Faith Formation  
715 E Orange St.  
Tarpon Springs, FL 34689

**FEE: \$70.00 FOR 1 CHILD: \$100.00 FOR 2 OR MORE CHILDREN**

**CHECKS ARE TO BE MADE PAYABLE TO: ST. IGNATIUS**

**\*\*\*NO FAMILY WILL BE TURNED AWAY FROM FAITH FORMATION DUE TO FINANCIAL REASONS\*\*\***

**OFFICE USE ONLY**

DATE: \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_