

ST. THOMAS MORE CATHOLIC CHURCH 2018-2019

**CONFIRMATION REGISTRATION**

Student/Candidate Full Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
*First Middle Last*

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Student's Birthdate \_\_\_\_\_

**Parent and Student/Candidate Information:**

Parent(s) Email: \_\_\_\_\_

Student/Candidate Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade: \_\_\_\_\_ High School: West High \_\_\_\_ City High \_\_\_\_ Regina \_\_\_\_ Liberty \_\_\_\_ Clear Creek Amana \_\_\_\_ Other \_\_\_\_\_

T-Shirt Size for student/candidate: \_\_\_\_\_

Pictures of my child taken during events may be used in print or electronic media for the purposes of publicity for future events or parish newsletters: Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT/GUARDIAN INFO**

Father \_\_\_\_ Step-Father \_\_\_\_ Guardian \_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_ Step-Mother \_\_\_\_ Guardian \_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Family registered at St. Thomas More Parish? Yes \_\_\_\_\_ No \_\_\_\_\_ *(Note: Family must be registered in this parish for your student to be confirmed here)*

**BAPTISM** *(If not baptized at St. Thomas More, please attach a copy of the Baptismal certificate or send a copy to the R.E. Office)*

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ \*If not baptized in the Catholic Church:  
When did you make your profession of faith? \_\_\_\_\_

Diocese \_\_\_\_\_ Where did you make your profession of faith? \_\_\_\_\_

**Please complete other side**

**TUITION** "Early Bird" \$165 per student June 1 – August 1. After August 1, \$175 per student. Mail or drop off to St. Thomas More % Michelle, 3000 12<sup>th</sup> Ave. Coralville, IA 52241

Check # \_\_\_\_\_ Amount \_\_\_\_\_

**CLASSES ARE GENERALLY HELD ON SUNDAYS ONCE PER MONTH FROM SEPTEMBER – FEBRUARY AT 1:45-3:45**

**Parent**

I am willing to (check all that apply)

- help chaperone service projects/retreat
- assist with office help
- other \_\_\_\_\_

Please note any physical, health, or learning condition of your child of which we should be aware \_\_\_\_\_

**EMERGENCY INFORMATION:** In the event of an emergency and parent/guardian cannot be contacted, the following contact should be made:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Family Physician \_\_\_\_\_ Hospital \_\_\_\_\_

**Signature of Parent or Guardian Completing this Registration Form** \_\_\_\_\_

\*The Permission, Health and Medical Release Form must be attached to the registration form for Confirmation. This form is a requirement per the Diocese of Davenport for the safety of our youth. Check or initial the line indicating this form is included \_\_\_\_\_.

**Confirmation Fee includes:**

Guest Speaker  
Confirmation Retreat  
Prayer candle

Stipend for visiting Priest  
Youth Catholic Prayer Book and bracelet  
Labyrinth rental

Service Project: Rise Against Hunger  
Prayer Cross: