

Confirmation Registration Form Year II

Reg. Fee \$25.00 per child
Retreat Fee \$45.00 per child (2nd year only)

Parish ID# _____

Student Name _____
(First) (Middle) (Last)

Male/Female _____ Age _____ Date of Birth (mm/dd/yr) _____ Grade in School _____

Address _____

City _____ State _____ Zip _____

Parent Phone _____ Call or Text? _____

Teen Phone _____ Call or Text? _____

School Name _____

Does your child have special medical needs? Allergies? _____

Mother's Name _____ Religion _____

Father's Name _____ Religion _____

Person to contact in case of an emergency _____ Phone _____

Communications should be sent to: _____ Both Parents _____ Mother _____ Father

Brothers and Sisters living at home _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Baptism Yes/No Parish _____ Cert Yes/No _____

First Communion Yes/No Parish _____ Cert Yes/No _____

I understand that my child will also be participating in the "Circle of Grace" program required by the Diocese of Little Rock and acknowledge that I have received the Circle of Grace letter. _____ (initials)

Signed _____ Date _____