



ST. MARY
—CATHOLIC CHURCH | ESCONDIDO—
EXPERIENCING CHRIST—LOVING AND SERVING NEIGHBORS

Religious Education Office
1170 S Broadway #215
Escondido, CA 92025
(760) 745-1611
www.stmaryp.org

CONFIRMATION REGISTRATION FORM

Classes Scheduled on Thursdays, First Year and Mondays, Second Year: 6:30pm - 8:00pm

Student's name: _____

Address: _____
Number Street City State Zip Code

Age: _____ DOB: _____ Baptism Date: _____ Communion Date: _____
(Years Old) Month/Day/Year Month/Day/Year Month/Day/Year

Father's Name: _____
Last First

Mother's Name: _____
Last First

Home Phone Number: _____ Cell: _____ Email: _____

Married by the Catholic Church? YES ____ NO ____ Would you like to start the process? YES ____ NO ____

Emergency Contact: _____ Phone: _____
Name

School Youth attends: _____ Grade: _____

Special Needs: NONE ____ YES ____ Students with special needs require parent participation in classes.
Please explain briefly about your child's special needs.

FOR RELIGIOUS EDUCATION OFFICE USE ONLY

First Year Payment		Classroom #		Second Year Payment		Classroom #	
Envelope #	DATE	PAYMENT	RECEIPT #	DATE	PAYMENT	RECEIPT #	
\$100 Feb-July							
Catechists							
August \$120							
\$250, 3 Students							

Copies Provided: Baptism _____ Communion _____

Parent/Legal Guardian Signature: _____

Date: _____

(updated 01/21/2022)

First Year Session:

Second Year Session: