

Holy Redeemer Immaculate Conception Collaborative
Faith Formation Registration Form

Aaron Giard Director of Faith Formation 978 462-2724x7405 agiard@newburyportcatholic.org

Melinda Burrell Asst. to Faith Formation 978 462-2724x7420 burrell@newburyportcatholic.org

CONFIRMATION 1 2020-2021

CANDIDATE INFORMATION:

Full Name: _____

Address: _____
Street City Zip

Home Phone Number _____

Date of Birth: _____
Month Day Year

High School: _____
Name Grade in September 2020

Place of Baptism: _____
Parish Name City State

Date of Baptism: _____

Baptism Record provided _____ will provide _____

PARENT INFORMATION:

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Parent's Email: _____

CANDIDATE'S LAST NAME: _____

PROCESS FEE

PAYABLE AT TIME OF REGISTRATION

Confirmation 1 (9th Grade) \$150.00

Amount enclosed _____

Please indicate if there is a need to budget _____.
(all information is kept confidential)

EMERGENCY CONTACT

Emergency Contact Information other than parent:

Name _____ Address _____

Home Phone _____ Cell Phone _____

Insurance Information for emergency purposes:

Subscriber's Name: _____

Insurance Company: _____

Policy/Member # _____

I/We authorize the use of photos/videos of members of our family in parish publications, especially group pictures for bulletin and website. _____ **(Please initial)**