



**CANDIDATE'S LAST NAME: \_\_\_\_\_**

**PROCESS FEE**

**PAYABLE AT TIME OF REGISTRATION**

Confirmation 2 (10<sup>th</sup> Grade) \$185.00 or Catholic High Student \$92.50

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)**