



# Basilica of the Immaculate Conception

74 W. MAIN STREET • WATERBURY, CONNECTICUT 06702

Phone: (203) 574-0017 • Fax: (203) 756-8748

[www.waterburybasilica.org](http://www.waterburybasilica.org)

## CONFIRMATION REGISTRATION 2020-2021

My child will be joining (check one): \_\_\_ in person \_\_\_ virtually

### STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GRADE LEVEL AS OF 09/2020: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ GENDER: M / F

EMAIL: \_\_\_\_\_

### PARISH FAMILY PARTICIPATES IN:

NAME: \_\_\_\_\_

### PARENT/ GUARDIAN CONTACT INFORMATION (1)\*:

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PARENT/ GUARDIAN CONTACT INFORMATION (2):

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

### CONFIRMATION SPONSOR (leave blank if unsure):

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_ I give the Basilica of the Immaculate Conception Confirmation team permission to contact my child directly regarding Confirmation and Youth events.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\*This contact information will be used for all business regarding Religious Education events.

**Questions? Please contact our Director of Religious Ed, Amparo @**

[rel.ed@waterburybasilica.org](mailto:rel.ed@waterburybasilica.org) or 203 850-5328