

**ASCENSION CATHOLIC CHURCH**  
**RITE OF CONFIRMATION REGISTRATION 2019-2020**

*(Must have received the Sacrament of Baptism & first Eucharist)*

*Confirmation preparation begins in 9<sup>th</sup> grade with the Sacrament of Confirmation being celebrated in the Fall of 10<sup>th</sup> grade  
Confirmation will be celebrated on **October 11, 2020** at the 5:30 PM Mass*

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Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Nick Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
School Attending 19'-20': \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies or learning-physical exceptionalities: \_\_\_\_\_  
Symptoms/Treatment of allergies or condition: \_\_\_\_\_

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***If registering for the first time a copy of the student's Baptismal and First Eucharist certificate must be provided.***

**FAMILY INFORMATION**

Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PARENT-GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Name of Parent/Guardian: \_\_\_\_\_

In the event of an EMERGENCY, if you are unable to reach me please contact the following:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Registration Fee: \$20.00 per student

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Registrar	Certificates	Total Paid	Cash	Check #	Check Date	Balance Due
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Please return signed completed registration form and payment to: Ascension Catholic Church, Attn: Faith Formation Office,  
2950 N. Harbor City Blvd. Melbourne FL 32935