CONFIRMATION REGISTRATION FORM

**7th Grade** {1st Year Candidates}

**STUDENT INFORMATION PLEASE PRINT**

**LAST NAME:** **FIRST NAME** :

**ADDRESS:**

**CITY, STATE, ZIP:**

**PRIMARY CONTACT NAME & PHONE: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone & Description (ex. Mom’s Cell Phone)

**BIRTH DATE:**  **GENDER:** 🞎 MALE 🞎 FEMALE

 **STUDENT EMAIL:**

(Student email will only be used for communicating Confirmation. ***Parents will be copied on all email correspondence)***

**🞏 Sunday Class 6:45 – 8:15 PM**

**PLEASE CIRCLE ALL COMPLETED GRADES OF RELIGIOUS EDUCATION**

**1 2 3 4 5 6 7 8 OR CIRCLE - ALL**

**TUITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 student in Gr 1-6 | 2 students in gr 1-6 | 3 or more students gr. 1-6 | 1 student in gr. 1-6 & 1 in confirmation | 1 student in Confirmation | 2 students in confirmation |
| $300 | $450  | $515  | $600 | $300  | $500  |

**$600 Maximum tuition in all programs or combination of programs**

**ALLERGIES (including DRUG OR FOOD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL NEEDS INCLUDING IEP OR LEARNING PLANS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL MEDICATION OR OTHER PERTINENT MEDICAL INFO:**

**DATE OF BAPTISM:** **(Church/Town/State)**

**DATE OF EUCHARIST:** **(Church/Town/State)**

**Please make sure to complete the information on back of form**

**MOTHER’S FIRST & LAST NAME:**

 **CELL PHONE: WORK PHONE:**

**Mother’s EMAIL:**

**FATHER’S FIRST & LAST NAME:**

 **CELL PHONE: WORK PHONE:**

**Father’s EMAIL:**

**PLEASE NOTE ANY SPECIAL GUARDIANSHIP INFORMATION:**

I hereby grant my permission for OLM Church to use and publish photographs, video and/or sound recordings made of my teen by OLM Church, and I hereby release OLM Church from any and all

liability from such use and publication. \_\_\_\_\_\_\_\_\_\_\_. ***(please initial)***

FOR OFFICE USE ONLY

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE REC’D:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$ AMOUNT** :

**NOTES:**