CONFIRMATION REGISTRATION FORM

**8TH GRADE** {2nd Year Candidates}

**STUDENT INFORMATION - PLEASE PRINT CLEARLY**

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

**ADDRESS:**

**CITY, STATE, ZIP:**

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

Emergency Contact & Phone (ex. Mom’s Cell Phone):

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

**STUDENT CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT EMAIL:**

(Student email will only be used for communicating Confirmation events/activities.

 ***Parents will be copied on all email correspondence)***

**🞏 Sunday Class 6:45 -– 8:15 PM**

**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:**

**MOTHER’S FIRST & LAST NAME:**

 **CELL PHONE: WORK PHONE:**

**MOTHER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S FIRST & LAST NAME:**

 **CELL PHONE: WORK PHONE:**

**FATHER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*For Confirmation Correspondence Information Only*

**Please complete information on the back of form**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **GRADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ AMOUNT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**