



Office of Religious Education
17 East Main Street, Webster, MA 01570 ☎ Phone: 508-461-9444
E-mail: shpdre@sacredheartwebster.org

HIGH SCHOOL CONFIRMATION REGISTRATION FORM

CHILD'S NAME _____

ADDRESS _____ CITY & ZIP CODE _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL or ALT PHONE(s) _____

ALLERGIES _____

DATE & PLACE OF BIRTH _____ & _____

CHURCH WHERE BAPTIZED _____ Date Baptized _____

CITY & STATE WHERE BAPTIZED _____, _____

CHURCH WHERE MADE 1st COMMUNION _____

CITY & STATE of 1st COMMUNION _____, _____

SCHOOL ATTENDING _____ GRADE _____

GRADE FOR CCD _____

FATHER'S NAME _____

MOTHER'S NAME (PLEASE include maiden name) _____

EMERGENCY CONTACT (If we are unable to reach you during class time)

NAME _____ PHONE#(s) _____

REGISTRATION FEE: \$60 for one child; \$105 for two or more children per family, to cover books & supplies. Please make check payable to Sacred Heart Parish. (The additional charge is to cover extra expenses associated with Sacramental preparation including additional text books and Masses)

Office use only:

Registered _____ Paid _____ Consent Sheet _____ Baptism Certificate _____