

**St. John the Apostle Religious Education**  
**Confirmation Enrollment Information**  
**2025-2026**

**Director of Youth Ministry**  
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Phone: 757-426-2180; Website: sjavb.org

**Registration fee is \$60 per student.**

Register online with PayPal or credit card.  
**July 15 – September 30**

Register in office with exact cash or check  
payable to: *St. John the Apostle Church*

### Confirmation preparation at SJA:

- **Parent and student information meeting - October**
- **Fall through Spring - Confirmation preparation** (Sessions will be once or twice per month on Sunday evenings. Specific dates will be given at Parent meeting.)
- **Confirmation retreat** (The retreat takes place at SJA early in the program.)
- **Confirmation Mass** (The date will be scheduled by the Bishop's office.)

**\*\*Please return *Student Information Form* and *fee* to the Parish Office.**

**\*\*Full payment is expected at the time of registration. No one is turned away for not being able to pay tuition fees. If this is a concern, please contact us.**

**\*\*If your son or daughter was not baptized at SJA **AND** did not receive their First Communion at SJA, please provide a new Baptism record with notations (date and location of First Communion). We must be provided with this information for your student to receive the Sacrament of Confirmation at SJA. Please see the SJA website at sjavb.org under "Youth Ministry and Formation" for details on why a Baptismal record is necessary.**

St. John the Apostle Religious Education  
*Student Information Form*

**\*\*REQUIRED**

Family **MUST** be registered in the Parish *before* enrolling in Confirmation class.  
Parish registration forms can be found on our website at [sjavb.org](http://sjavb.org).

**\*\*Family Last Name:** \_\_\_\_\_ **\*\*ID#** (4 or 5-digit envelope #) \_\_\_\_\_

Father: First \_\_\_\_\_ Last \_\_\_\_\_

Mother: First \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*Primary Phone Number (required for communication):** \_\_\_\_\_

**\*\*Email Address (required for communication):**  
\_\_\_\_\_

**\*\*Full Baptismal Name of Student:**  
\_\_\_\_\_

**\*\*Date of Birth** \_\_\_/\_\_\_/\_\_\_ **\*\*Current Age:** \_\_\_ **\*\*Grade (2025-2026):** \_\_\_

**Student must be in 10<sup>th</sup> grade or above AND at least 15 years of age.**

School (2025-2026): \_\_\_\_\_

**\*\*Sacraments Received:**

- Baptism
- First Communion
- Confirmation (Eastern Catholic Rites confirm at baptism)

For Office Use Only:

Cash/check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Parish ID#: \_\_\_\_\_