

St. Therese Carmelite Parish Confirmation - Religious Education

***High School: Public & Private Schools**

Registration Fees:
C1: \$150.00 C2: \$170.00

<i>Office Use Only</i>	
Class Assignment:	
Fee:	
Paid:	
Baptism cet.:	
VIRTUS form:	

*A copy of your child's Baptism certificate is due at the time of registration. Your registration can not be accepted without it. The applicable registration fee is also due WITH this registration form.

*DATE: _____

***PLEASE PRINT CLEARLY!**

STUDENT INFORMATION:

Last Name: _____	First Name _____	MI _____
Birth Date: _____	Age _____	School Name: _____
		GRADE: _____
* FOR C2 only - Sponsor's Name: _____		Student's Height: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: (____) _____

Parish: _____ Last Religious Education Program Attended: _____
(Parish name/city) (grade)

PARENT INFORMATION:

Are the parents married in the Catholic Church?: Y / N

Are the parents practicing Catholics?: Mom: Y / N Dad: Y / N

Father's Name: _____ Religion _____ Cell Phone: (____) _____

Mother's Name: _____ Religion _____ Cell Phone: (____) _____

Mother's Maiden Name: _____ Home phone #: _____

Student lives with: ___ Father & Mother ___ Father ___ Mother ___ Guardian

Guardian Name: _____ Home Ph: (____) _____ Cell Ph: (____) _____

Relationship to Student _____

Parent e-mail address: _____

Student's e-mail address: _____

Student's cell phone number: _____

_____ I give permission for my teen's photo to be taken during class activities, events or retreat weekend

weekend; by the teachers or Coordinator. Photos may be used on social media sites by staff or students.

~ OVER

SACRAMENTS RECEIVED - Please check all boxes that apply	
Baptized?:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Church Name:	_____ / City: _____ / State: _____
Copy of Baptism certificate attached?	<input type="checkbox"/> Yes { ____ On file from previous year}
Reconciliation?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eucharist?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

***EMERGENCY INFORMATION**

Please contact (if unable to reach parents)

Name: _____

Telephone: (____) _____ Relationship to Student: _____

CHILD'S MEDICAL INFORMATION:

Health problems or conditions: _____

Medications: _____

Allergies: _____

Registering Parent's Signature: _____

(Staff Use Only – information to be entered by staff member - at time of registration)

Registration Date:	_____
Class Assignment:	_____
Fee:	_____

Payment Date:	_____
Total Fee:	_____
Fee Paid:	_____
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check/Check # _____
Balance:	\$ _____