

Corpus Christi Parish Community

REGISTRATION FOR CONFIRMATION PREPARATION 2010-2011

Name of Candidate				
Last	First	Middle	Nickname	
Gender	Grade in Sep '09	Date of Birth (mm-dd-yyyy)	High School Attending in 2009	Year in Confirmation
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th			____ Year I ____ Year II
Family Information				
Street Address		City	State	ZIP Code
Home Telephone		Email Address (Primary Contact for Confirmation Updates)		
Mother				
First Name	Last Name	Maiden Name	Religion	
Cell Phone	Work Phone	Email Address		
Father				
First Name	Last Name	Religion		
Cell Phone	Work Phone	Email Address		
Medical Information				
Emergency Contact	Relationship	Telephone No.	Cell Phone	
Condition (chronic conditions or illnesses e.g. epilepsy, diabetes, food allergies)				
Regular Medication				
Special Instructions				
Sacrament/Religious Education Information				
Date of Baptism	Church of Baptism	City/ State	Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of 1st Communion	Church of 1st Communion	City/State		
Last Grade of Religious Education	Home Parish			
Other Activities				
Extracurricular Activities (e.g. sports, service/philanthropic organizations, clubs, arts, hobbies)		I grant Corpus Christi the right to photograph my dependent and use the photo for Corpus Christi publication purposes only. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> One child \$130 <input type="checkbox"/> Two children \$200				
Parent/Guardian Signature				
Signature			Date	