



2019-2020 CONFIRMATION REGISTRATION

Copy of your **Baptismal** Certificate must be attached (NOT Birth Certificate)

Candidate's Information:

Last Name	First Name	Middle Name	Date of Birth	Age	Gender
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Address	City/State/Zip	Home Phone
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Candidate's (NOT PARENT'S) Cell Phone	Candidate's (NOT PARENT'S) Email Address
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School Presently Attending	Grade (2019-2020 School Year)
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Church Parish in Which You Are Registered **NOTE: If not St. Catherine of Siena, you must attach written permission from your pastor.**

*Date of Baptism	*Church of Baptism	*City/State
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Father's Name	Address	Home Phone
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Email Address	Cell Phone	Church Parish
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Mother's Name	Address	Home Phone
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Email Address	Cell Phone	Church Parish
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EMERGENCY CONTACT INFORMATION:

Contact Name	Contact Phone Number(s)	Relation to Candidate
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SCHOOL OR PSR PROGRAMS WHERE YOU ATTENDED RELIGIOUS EDUCATION CLASSES:

Elementary _____

Middle _____

High School _____

HEALTH AND WELL-BEING INFORMATION:

Please list/explain any medical conditions: _____

Please list any allergies: _____

PARENT HELP NEEDED:

All parents are asked to volunteer in some way for our program. Please indicate below an area in which you will help.

_____ Table Leader

_____ Substituting for Small-Group Leaders (Leaders will call in advance if needed)

_____ Supplying snacks for Meetings

_____ Helping with lunch for retreat

Please do not turn in paperwork until the following are included (Check off when added):

_____ I have read the dates for the Confirmation sessions and retreat and I commit to attending **ALL** sessions.

_____ In the event of an illness or emergency, I will complete the make-up work and turn it in before the next session.

_____ I agree to turn in the sponsor form and the saint reflection on or before the due date.

_____ I have attached my baptismal certificate

_____ I have attached a check for \$100 (Fees + Picture package from Loupe Photography on Confirmation Day)

_____ I have attached written permission from my pastor to be confirmed at St. Catherine of Siena

****This is only for those registered in another parish****

Candidate's Signature _____

Parent's Signature _____

PLEASE RETURN ALL REQUIRED PAPERWORK TO THE PARISH OFFICE NO LATER THAN JUNE 1, 2019

QUESTIONS OR CONCERNS, CONTACT PAULA ATCHLEY 504-835-9343 OR PAULA@SCSCHURCH.COM