

2021-2022 REGISTRATION

CONFIRMATION CLASSES

**Saint Elizabeth Ann Seton Parish
Held on Sunday mornings, 10:00-11:30 am
Classes begin September 19, 2021**

Family name: _____

Parish in which you are registered: (Please check) ___ Saint Elizabeth Ann Seton
___ Other parish: _____

Father's **FULL** name:

_____ Religion: _____

Mother's **FULL** name, **including MAIDEN NAME**:

_____ Religion: _____

Family's address: _____
City _____ State _____ Zip code _____

Phone#: Home _____

Mobile #: **Mom**: _____ **Dad**: _____

E-mail address: _____

STUDENT(S) TO BE CONFIRMED:

Student's **FULL** name: _____ Student prefers **to be called?** _____

Student's birthday: _____

School student attends: _____ Grade level: _____

- Student has **already received** which sacraments? (Please check):
___ Baptism ___ Reconciliation ___ Eucharist

Student's **FULL** name: _____ Student prefers **to be called?** _____

Student's birthday: _____

School student attends: _____ Grade level: _____

- Student has **already received** which sacraments? (Please check):
___ Baptism ___ Reconciliation ___ Eucharist

OVER, PLEASE

HEALTH AND MEDICAL INFORMATION:

Are there any learning difficulties, allergies, medical conditions, or disabilities of which your child/children’s teacher(s) should be aware?

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EMERGENCY CONTACT PERSON(S), if parents cannot be reached:

Name: _____ **Name:** _____
Relation to student: _____ **Relation to student:** _____
Phone #: _____ **Phone:** _____

PICK-UP AUTHORIZATION:

If I am unable, I authorize the following person(s) to pick up my child/children at 11:30 am from Confirmation Faith Formation classes.

Name: _____ **Name:** _____
Relation to student: _____ **Relation to student:** _____

SIGNATURE of Parent/Guardian: _____ **Date:** _____

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PHOTO/VIDEO RELEASE:

As a Parish Community, it is important to recognize our students for their achievements. If the opportunity arises, please grant us permission to use your child’s name and/or image.

___ I give permission to use my child/children’s full name(s), photograph(s), and videotaped image(s) in publications, video productions, and/or on St. Elizabeth Ann Seton’s internet web site.

___ I do not give permission for St. Elizabeth Ann Seton to use my child/children’s photo and/or videotaped image on any publication or display.

Signature of Parent/Guardian: _____ **Date:** _____

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Confirmation Registration fees: \$35 for 1 child; \$50 for 2 children—payment for student Confirmation textbook, packet, and supplies

Amount paid: _____
Check #: _____ Cash: _____ Date: _____