

SACRED HEART RELIGIOUS EDUCATION PROGRAM

SACRAMENT PREP REGISTRATION FOR CONFIRMATION



Student's Complete Name: _____

Address: _____

City/State: _____ Zip: _____

Age: _____ Grade: _____

Birth Information:

Date of Birth: ____ / ____ / ____ City: _____ State: _____

Father's Full Name: _____

Mother's First Name: _____ Maiden Name: _____

Baptism information: Date of Baptism: ____ / ____ / ____

Church of Baptism: _____

City: _____ State: _____

Please attach a copy of Baptismal Certificate if new to our program

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Office Use:

Teen's Saint name choice: _____

Sponsor's Name: _____

Sponsor's Parish: _____ Form: _____

Youth Rally: _____ Retreat: (Parent/Student) _____

Registration Fee: \$ 30 per student; \$ 45 per family Check # _____ Cash _____

Check payable to: Sacred Heart Church

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Contact Information:

Home Phone: _____ Teen's Cell: _____

Mother's Cell: _____ Teen's Email: _____

Father's Cell: _____ Parents' Email: _____

Please indicate your first choice for contacting you: _____