

**St. John the Baptist Catholic Community
Confirmation Registration
2006-2007**

Confirmation Registration Fee = **\$80** (includes cost of materials and Retreat for this program).

Complete **both sides** of this form.

Attach a copy of candidate's **baptismal certificate** (unless you have already sent us one, or unless your child was baptized at SJB).

Return completed registration form **with payment to the Parish Office.**

Confirmation classes (Jan-May) are on **Tuesday evenings 7:00-8:15 p.m.**

Last Name	First Name, MI	Gender	Birth Date	School	Grade in Sept.06	Current Religious Program		Baptism Date/ Place	1st Communion Date/Place
						Catholic School	8 th Grade Religious Ed		

Please note: **Non-Catholic School** children are **required to attend 7th & 8th grade religious education** classes in order to receive this sacrament.
If not enrolled in Catholic School what is the last year of religious education your child completed? _____

Father's Name	Father's Religion	Home Phone	Work Phone	Cell Phone	Email Address
Mother's Name (include Maiden)	Mother's Religion	Home Phone	Work Phone	Cell Phone	Email Address

Mailing Address (please circle): Mother Father Both Other: _____

Street Address _____

City _____

State/Zip _____

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|--|-----|----|
| 1. Is the family registered in the parish? | YES | NO |
| 2. Can you volunteer to teach? | YES | NO |
| 3. Can you substitute teach? | YES | NO |
| 4. Can you assist with service project? | YES | NO |
| 5. Can you help with special events? | YES | NO |

OFFICE USE ONLY:

Received: _____

Check #: _____

Cash: _____

Parish Registration: _____

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Emergency Information Form
2006-2007**

Student's Name	Birth Date	Medication Taken	Allergies	Any Health issues we should be aware of?	Any Learning issues we should be aware of?

Insurance Information:

Insurance Name: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

Person to Contact in case of emergency (if parent is unavailable): _____ Relationship to child: _____

Consent to Treat:

I authorize the staff of St. John the Baptist (salaried and/or volunteer) to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent nor guardian can be contacted. We will notify the Rescue Squad in emergency situations.

Signature of Parent/Guardian: _____ Date: _____