

**St. John the Baptist Catholic Community  
Confirmation Registration  
2009-2010**

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

Complete **both pages** of this form.

Attach a copy of candidate's **baptismal certificate** if child was *not baptized at SJB* or if you have *not sent in one during the past 4 years*.

**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.09	Current Religious Program		Baptism Date/ Place	1st Eucharist Date/Place
						Catholic School	8 <sup>th</sup> Grade Religious Ed		

Please note: **Non-Catholic School** children are **required to attend 7<sup>th</sup> & 8<sup>th</sup> 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	Mother's Religion	Home Phone	Work Phone	Cell Phone	Email Address

Mailing Address (please circle): Mother    Father    Both    Other: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 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 |
| 6. <b>Did you include Baptismal Certificate?</b> | YES | NO |

OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_ Amt: \_\_\_\_\_

Cash: \_\_\_\_\_

Parish Registration: \_\_\_\_\_

**St. John the Baptist Catholic Community  
Confirmation  
Emergency Information Form  
2009-2010**

Student's Name	Medication	Allergies	Any Health issues we should be aware of?	Any Learning issues we should be aware of?	Does your child have an IEP? (Individual Education Plan)	
					*Yes	No

\*Please provide copy

**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: \_\_\_\_\_

\_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

**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: \_\_\_\_\_