

**CONFIRMATION REGISTRATION  
RENEWAL FOR SOPHOMORES – YEAR 2**

**2016-2017**

**SUNDAYS, 6:00 – 7:15 P.M.**

CHECK ONE:

YES, our adolescent wishes the Sacrament of Confirmation. The date is  
Sunday, October 8, 2017 at 1:00 p.m.

NO, our adolescent does not wish the sacrament of Confirmation at  
this time.

FULL NAME OF ADOLESCENT (**first, middle, last**)

\_\_\_\_\_

ADDRESS \_\_\_\_\_

STUDENT PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

HOME CHURCH \_\_\_\_\_

PLACE OF BAPTISM \_\_\_\_\_ YEAR OF BAPTISM \_\_\_\_\_

NAME OF HIGH SCHOOL NOW ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELLPHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

WORK PHONE \_\_\_\_\_

MOTHER'S NAME with MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

HOUSEHOLD EMAIL ADDRESS \_\_\_\_\_

**PLEASE CHECK ONE BELOW**

<p>REGISTRATION FEE \$40.00 (FOR YEAR II) (covers Catholic Youth Bible, binder, postage, class handouts, photo prints AND cross on cord for Enrollment on October 16th ) <input type="checkbox"/> My payment for \$40.00 is enclosed with registration form  <input type="checkbox"/> My payment is not enclosed – please send me a reminder notice to pay.</p>
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REGISTRATION IS DUE “AS SOON AS POSSIBLE” PLEASE RETURN COMPLETED REGISTRATION  
FORM AND FEE TO CATHOLIC MINISTRY CENTER, OR DROP IN COLLECTION PLATE OR MAIL TO:

FAITH FORMATION OFFICE

824 Jefferson Street

Tell City, IN 47586

**PLEASE UPDATE CENSUS INFORMATION ON OTHER SIDE –ONLY IF THERE ARE CHANGES SINCE  
THE LAST PROGRAM YEAR–THANK YOU**

**(CENSUS UPDATE)**

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

**FAMILY LAST NAME:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**Contribution Envelope Number:** \_\_\_\_\_

**INDIVIDUAL INFORMATION**

<b>Your Name:</b>		<b>Spouse:</b>
Birthday		Birthday
Baptized Catholic? Yes ____ No ____		Baptized Catholic? Yes ____ No ____
If Married, Anniversary Date		
<b>Optional:</b>		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

**CHILDREN IN HOUSEHOLD:**

<b>Name of Child</b>	<b>Birthday</b>	<b>Baptism Date and Place</b>	<b>First Communion Date and Place</b>	<b>Confirmation Date and Place</b>