

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

2017-2018

SUNDAYS, 6:00 – 7:15 P.M.

CHECK ONE:

YES, our adolescent wishes the Sacrament of Confirmation. Date TBA.

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 15th)</p> <p><input type="checkbox"/> My payment for \$40.00 is enclosed with registration form</p> <p><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

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

CHILDREN IN HOUSEHOLD:

Name of Child	Birthday	Baptism Date and Place	First Communion Date and Place	Confirmation Date and Place