



## REGISTRATION

Office Use Only
Amount Due \$ _____
Amount Pd \$ _____
Date Pd _____
CASH/Check No. _____

**Student info:**

Full Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

School/grade \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Parent E-mail address (es): \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Does your child have any health/learning problems? Yes No If yes, please describe the problem(s) we need to be aware of:

\_\_\_\_\_

	Date	Church	Church Address
***Baptism			
First Eucharist (Communion)			
Reconciliation (Confession)			

**\*\*\* Please supply us a copy of your child's baptismal certificate.**

**Parent/guardian info:**

Father's Name: \_\_\_\_\_ Mother's First and maiden name: \_\_\_\_\_ Does candidate live with both custodial parents? \_\_\_\_\_ (if not, are there any concerns we need to know?): \_\_\_\_\_

Have you registered at St. Lawrence Parish? Yes No

**Program Fees**

**\$25** (Fee covers books and materials). There will be an additional charge to be determined later for the Confirmation retreat.

**You may drop it off at the office or put in the collection basket in an envelope labeled "Confirmation". Class schedule to be determined and sent to registered students.**

**Call Donn and Michelle at 537-0019 or e-mail at [paquette5@comcast.net](mailto:paquette5@comcast.net) with any questions.**