

St. John the Baptist Parish Confirmation Preparation 2009-2010

Parent/guardian (with whom the child/children reside)

Mother's Name: _____	Father's Name: _____
Religion: _____	Religion: _____
Address: _____ _____	
Home Phone Number: _____ Registered as parishioners at St. John's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Work or Cell Number: _____	Father's Work or Cell Number: _____
E-mail (if you check e-mail regularly): _____	

Non resident parent (if applicable)

Would you like to receive mailings? Yes No

Name: _____	Phone Number: _____
Address: _____	

Circle the day and time you will attend: Sunday 3:30-5 PM or Tuesday 7-8:30 PM

Participant's Names	Birthdate	school Sept 09-10	Sacraments already received
1.			Received Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Received 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Received Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.			Received Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Received 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Received Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No

School currently attending:

Sponsor Names	Phone #	Address
1.		
2.		

Previous Religious Education Experience? _____

Mass Attendance: Weekly ___ Monthly ___ Several times a year ___ Important days only ___ Rarely ___

Parents' Sacramental History:

Mother: Baptism Eucharist Confirmation
 Father: Baptism Eucharist Confirmation

**St. John the Baptist Parish
Parental Permission and Health Authorization 2009-2010**

Participant's Names	Please explain any applicable health needs or disability of the participant

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Religious Education activities. I/We agree to direct our children to cooperate/comply with directions/instructions of Religious Education personnel responsible for Religious Education activities. I/We agree to be responsible for all medical expenses relating to injury of my child as a result of his/her participation in Religious Education activities, whether or not caused by the negligence of the parish Religious Education program, or any of its employees, volunteers or participants.

In the event I/we cannot be reached in an emergency, I/we give permission for my/our child(ren)'s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary.
Yes ___ No ___

Parent/Guardian Signature(s) _____

Persons other than parents authorized to be notified and/or pick up my/our child(ren)

Name: _____ Phone _____

Name: _____ Phone _____

Physician _____ Phone _____

Medical Plan: _____ Plan # _____ Group _____

Baptismal certificate is required at the time of enrollment

Confirmation Enrollment Fees: \$100 per participant per year or \$50 per participant per seven week session (other costs for activities outside the seven week class sessions (such as retreat costs) may occur)

Payment is due at the time of enrollment. Please make checks payable to Saint John Parish

Office use only				
Total fees due: _____	Fees Paid _____	Balance Due _____	Check # _____	Cash _____
Volunteer 50% Discount _____	Notes: _____			