

**St. John the Baptist Parish  
Confirmation Preparation 2011 - 2012**

Parent/guardian (with whom the teen/teens reside)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Registered as parishioners at St. John's?  Yes  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: \_\_\_\_\_

**Confirmation Preparation will meet every Monday from 7 – 8:30 PM**

Participant's Names	Birthdate	grade Sept 2011	Sacraments already received
1.			Received Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Received 1 <sup>st</sup> 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 <sup>st</sup> 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 2011-2012**

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 \_\_\_\_\_

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***Baptismal certificate is required at the time of enrollment***

Confirmation Enrollment Fees: \$100 per participant per year  
(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:				