

# Confirmation Registration for 2011-2012

<b>Sacramental Fee: \$200</b>
Check # _____
Credit card _____
Amount \$ _____
Date received: ___/___/___
OFFICE USE ONLY

**Student's Full Name:** \_\_\_\_\_  
(as it appears on the baptismal certificate)

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

**Birth Date:** \_\_\_/\_\_\_/\_\_\_      **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

\*\*\*\*\***Parental Information**\*\*\*\*\*

**Father's Name:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Are the above parents, custodial parents?**      Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Information :**  
**Mailing Address (if different from student's)** \_\_\_\_\_  
\_\_\_\_\_

**(H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

\*\*\*\*\***Emergency Information**\*\*\*\*\*

**Emergency contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medications / Allergies:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

**Date:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_