



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION
CONFIRMATION I REGISTRATION - 2011/2012**



(usually 9th graders OR those who have not been in a Confirmation program)

Student's Full Name: _____ Birthdate: _____
(including nickname, if this is what student is called)

Grade entering in August, 2011: _____ School Attending: _____

Parents' First and Last Names: _____

Home address with City AND ZIP CODE: _____

Home Phone: _____ Parent's Email: _____

Father's Work/Cell Phones _____ Mother's Work/Cell Phones: _____

Student's Cell Phone #: _____ Student's Email: _____

Housing Addition: _____

CHECK CLASS PREFERENCE BELOW

WEDNESDAY EVENING - 7-8:30 p.m.

(Classes Start Sept. 7)

SUNDAY MORNING - 9:05-10:20 a.m.

(Classes Start Sept. 11)

I have musical ability with the following instrument: _____

WE ASK YOU TO ACQUIRE 15 HOURS OF SERVICE FOR CONFIRMATION I. A GREAT WAY TO GET THOSE HOURS IS BY HELPING WITH VACATION BIBLE SCHOOL OR RE SUMMER SESSION, OR SIGN BELOW FOR ANOTHER MINISTRY. YOU MUST ALSO GO TO MASS IF YOU HELP ON THE WEEKENDS

I want to help with **Vacation Bible School** I want to help with **RE Summer Session** for grades 4-9

I want to be and aide in an RE class that meets:

Tuesday-4-5:15 p.m. Wednesday-5:15-6:30 p.m.

Sunday-8-9 a.m. Sunday-9:10-10:20 a.m. Sunday-10:30-11:30 a.m.

PARENTS! Does this child's parents speak English? Yes No

We can help with **YOUTH AND FAMILY NIGHT** setting up, serving and cleaning up at potluck dinner.

I would be interested in learning more about my faith as an adult
between Masses on Sunday during a weekday on a weeknight

An area where I could help with teenage Youth is:

service projects chaperone in the Youth Room praise and worship music teach RE for grade

MEDICAL PERMISSION SLIP

Does your student have any diagnosed learning disabilities, health problems, etc. of which you wish us to be aware?

Physician's Name: _____ Physician's Phone: _____ Preferred Hospital: _____

Insurance Company: _____ Policy # _____ Parent's SS # _____

In case of emergency, if parents can't be reached please call:

Name _____ Relationship _____ Phone _____

Please seek medical attention for my child in an emergency. I give permission to treat my student. Furthermore, the undersigned gives permission to St. Monica Catholic Church to photograph his or her son or daughter and use the resulting photographs for any purpose that St. Monica deems proper.

PARENT'S SIGNATURE

DATE



**SUBMIT THIS FORM WITH A COPY OF YOUR STUDENT'S BAPTISMAL CERTIFICATE,
Unless your child was Baptized at St. Monica**