



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION  
CONFIRMATION I REGISTRATION - 2010/2011**



**(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, 2010: \_\_\_\_\_ 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. 8)

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

(Classes Start Sept. 12)

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.

I want to do community service work for: Hope Center  Birth Choice  Nursing Home

**PARENTS!**

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**