



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



**(usually 10th graders who have completed Confirmation I or passed a placement test)**

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 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. (Only 35 students in this class, 1st come, 1st served)  
 \_\_\_\_ Sunday Morning - 9:05-10:20 a.m.

**WE ASK YOU TO ACQUIRE 30 HOURS OF SERVICE FOR CONFIRMATION II. A GREAT WAY TO GET THOSE HOURS IS BY HELPING WITH VACATION BIBLE SCHOOL OR RE SUMMER SESSION. YOU MUST ALSO GO TO MASS IF YOU HELP ON THE WEEKENDS WITH RE.**

\_\_\_\_ I want to be an 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!**

\_\_\_\_ I give permission for my teen's picture, with a first name, to be given to a prayer partner for the year.  
 \_\_\_\_ We can help with YOUTH AND FAMILY NIGHT setting up, serving and cleaning up at potluck dinner on:  
 \_\_\_\_ Sept. 29, 2010 \_\_\_\_ Jan. 26, 2011 \_\_\_\_ April 27, 2011

\_\_\_\_ **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**

**(OVER) - COMPLETE FORM ON BACK BEFORE TURNING IN ENROLLMENT**

## CONFIRMATION INFORMATION SHEET

**BAPTISMAL NAME (CHILD'S FULL NAME)**

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**HOME ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**CITY, STATE OF BIRTH** \_\_\_\_\_

**DATE OF BAPTISM** \_\_\_\_\_

**IN THE CHURCH OF** \_\_\_\_\_

**IN THE CITY AND STATE OF** \_\_\_\_\_

**CONFIRMATION NAME** \_\_\_\_\_

**SPONSOR'S NAME** \_\_\_\_\_

**FATHER'S FULL NAME**

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**MOTHER'S FULL MAIDEN NAME**

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Office Use Only

\_\_\_\_\_ Register: \_\_\_\_\_

\_\_\_\_\_ Certificate

\_\_\_\_\_ PDS