

ALL SAINTS CATHOLIC CHURCH

CONFIRMATION PROGRAM

530 Highway 274

Lake Wylie, SC

(803) 831 9095

Confirmation Year _____

Parish registration# _____

Family Information

Student's Full Name _____ DOB _____

(Please Print)

Address _____ City/zip _____

E-mail Address(parent) _____

Father/Guardian's Full Name

first _____ middle _____ last _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Full Name

first _____ middle _____ maiden _____ last _____

Home Phone _____ Work Phone _____ Cell Phone _____

Sacramental Checklist (all students must have a Baptismal Certificate on File)

Baptism Date: _____ Church _____ City/State _____

Eucharist Date _____ Church _____ City/State _____

Tuition

Covers the cost of books, supplies, and activities:

Cost \$50.00

Additional \$25.00 for annual retreats

Total Due \$75.00 _____ (please make checks payable to: ALL SAINTS CATHOLIC CHURCH)

Local Emergency Contact

Parent/Guardian Full Name _____ Name of Physician _____

Special considerations to be aware of (i.e.: allergies, medical conditions, etc...) _____

If I (Parent/Guardian) cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child listed on this registration.

Signature of Parent/Guardian

Date