ST. MARY MOTHER OF THE CHURCH
2010—2011 Confirmation Registration Form

(Student Enrollment Record)

Student's Name _____
First Middle Last

Phone: (C) _____ Email _____

Date of Birth: ____/____/____ Gender : ____ Male ____ Female

Name of school student will enter in the Fall: _____

Grade student will enter in the Fall: _____

(Family Information)

Father's Name _____Phone: (W) _____ (C) _____

Mother's Maiden Name _____ Home Phone _____

Phone (W) _____ (C) _____

Home Address _____Zip Code _____

Home Email Address: _____(Please Print)

Emergency Contact Person: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Are you a censused St. Mary Parishioner? ____ yes ____ no

If not, to which parish do you belong? _____

For Office Use Only:

Sponsor's Name: _____ Saint Name: _____

Registration Fee: Received by: _____ Amount: _____

Check #: _____ Cash: _____ Date: _____