

# Confirmation Registration Form

St Joseph, Lincoln Park

2024 – 2025

Student: \_\_\_\_\_ [M or F] Grade \_\_\_\_\_ in Sept 2024

Student's Email: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

School: \_\_\_\_\_ cell#: \_\_\_\_\_

Medical conditions, allergies, dietary or learning concerns that would be helpful to note.

Sacraments received: Name the parish and town where they were received.

Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Communion: \_\_\_\_\_

## **Family Information:**

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student in care of: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

**I understand that I will be required to attend weekly Mass [sign-in], attend class, complete all assignments, pass the final exam, and participate in programs and volunteer time in order to receive the Sacrament of Confirmation.**

\_\_\_\_\_  
*Student's Signature*

**7<sup>th</sup> & 8<sup>th</sup> Grade Fees: \$100 per student or \$150 for 2 students**

**Make checks payable to St. Joseph Parish and please return by August 15, 2024**

## **Media Consent Form:**

**Would you allow your child/ren's photos to be shown in the parish bulletin, parish website, or the Beacon?**

\_\_\_\_ Yes, I would allow. \_\_\_\_\_  
*Parent Signature*

\_\_\_\_ No, I would not allow. \_\_\_\_\_  
*Parent Signature*

# DO NOT WRITE IN THIS BOX

Baptism (Parish & Town, if applicable: \_\_\_\_\_)

Fees: \$100 per student  
\$150 for 2 students  
\$ 20 Late Fee after September 1<sup>st</sup>

Amount: \_\_\_\_\_  
Late Fee: \_\_\_\_\_  
Check#/Cash: \_\_\_\_\_  
Date: \_\_\_\_\_