Catholic Community of Saint Thomas Becket   2018-2019 Confirmation Registration   Date _____

Family Name _____ Mother's Name _____ Father's Name _____

Address _____ Home Phone _____ Home Phone _____

_____ Cell Phone _____ Cell Phone _____

City _____

Zip Code _____ Stepfather's Name_____ Stepmother's name _____

Primary E-mail (required) _____
This is our primary means of communication with families throughout the year.

Please list all children being registered for Confirmation on one sheet. Please list special needs on the back of this page.					Year 1 Confirmation (9th Grade)	Year 2 Confirmation (10th Grade)
Name	**M/F**	**School**	**Date of Birth**	**Grade Level 2018-2019**		

- **Has the above child(ren) received their First Holy Communion? ____ Yes ____ No**

- **Where was the above child(ren) Baptized? _____ _____ _____**
  (Name of Church)   (City, State)   (Approx. Month\Year)

- **T-Shirt Size (Year 2 only): S M L XL XXL**

Catechist Discount : **$45 per catechist ____** **(We will mail you $ in Oct.)**

Sacramental Preparation**

Year 1 Confirmation (9th grade) - $70   ($110 after Aug. 10th)
Year 2 Confirmation (10th grade) - $200 (includes retreat fee)   ($240 after Aug. 10th)

Early Bird Discount Registration Deadline August 10th

Please fill out both sides of this form

Finances should not prohibit participation
Financial aid is available
Contact Parish Office
651-683-9808

| **OFFICE USE**   Date keyed to CN _____   Check _____ |

SAINT THOMAS BECKET FAITH FORMATION EMERGENCY CONTACT INFORMATION

Emergency Contact in case a parent cannot be reached:

_____   _____   _____
       Name   Cell Phone   Home Phone

> **PLEASE CHECK YES OR NO**
> **___Yes ___No**
> I give the Catholic Community of Saint Thomas Becket permission to use my child's image in print, electronic, and video format for parish communications and publicity purposes. Catholic Community of Saint Thomas Becket will not identify children by name in any of the formats.

In case of a medical emergency, our procedure is to contact the parents at the numbers listed above. When this is not possible, the designated alternates may be asked to care for your child until the parents can be reached. Depending on the medical emergency, a police vehicle or ambulance may be called to transfer your child to a hospital or emergency service.

First choice of hospital_____

Do any of your children have any conditions—physical, sensory, cognitive or social/emotional—of which we should be aware so that we can serve him/her properly?

_____

_____

_____

_____

Any food allergies? Please list child's name and her/his food allergy(ies).

_____

_____

Any other information we need to be aware of?

_____

_____

_____

Parent Signature_____   Date_____