

Catholic Community of Saint Thomas Becket 2019-2020 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.

Student Cell Phone (for group text reminders) _____ Student Email _____

Please list all students being registered for Confirmation on one sheet. Please list special needs on the back of this page.					Year 1 Confirmation (9 th Grade)	Year 2 Confirmation (10 th Grade)
Name	M/F	School	Date of Birth	Grade Level 2019-2020		

• Has the above child(ren) received their First Eucharist? ___ Yes ___ No

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

• T-Shirt Size : S M L XL XXL

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

Sacramental Preparation**

Year 1 Confirmation - begins 1 / 2020 - (9th grade) - \$70 (\$110 after Aug. 9th)

Year 2 Confirmation – begins 9 / 2019 - (10th grade) - \$200 (includes retreat fee) (\$240 after Aug. 9th)

**Early Bird Discount
Registration Deadline
August 9th**

**Please fill out both
sides of this form**

OFFICE USE Date keyed to CN _____ Check _____

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

SAINT THOMAS BECKET FAITH FORMATION EMERGENCY CONTACT INFORMATION

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.

Emergency Contact in case a parent cannot be reached:

_____ Name _____ Cell Phone _____ Home Phone

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 _____