

ST. DENIS CATHOLIC COMMUNITY

DATE: _____

YEAR: _____ - _____

FAMILY INFORMATION

Registered at St. Denis: YES NO

Envelope #

Family Last Name: _____ Primary Telephone: _____

Primary Email: _____ Attends Mass Regularly: YES NO

Father's Name: _____ Cell : _____

Occupation: _____ Catholic: YES NO

Mother's Name : _____ Cell : _____

Occupation: _____ Catholic: YES NO

STUDENT #1 INFORMATION

Confirmation I

Confirmation II

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Grade: _____ High School: _____

T-shirt Size: _____ Height: _____ Sacraments received (submit proof):

Baptism Eucharist (Communion)

Special Needs (Medical, Learning /Physical Disabilities, Food Allergies, etc.)

STUDENT #2 INFORMATION

Confirmation I

Confirmation II

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Grade: _____ High School: _____

T-shirt Size: _____ Height: _____ Sacraments received (submit proof):

Baptism Eucharist (Communion)

Special Needs (Medical, Learning /Physical Disabilities, Food Allergies, etc.)

STUDENT #3 INFORMATION

Confirmation I

Confirmation II

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Grade: _____ High School: _____

T-shirt Size: _____ Height: _____ Sacraments received (submit proof):

Baptism Eucharist (Communion)

Special Needs (Medical, Learning /Physical Disabilities, Food Allergies, etc.)

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____

EMERGENCY CONTACT AND RELEASE AUTHORIZATION

In the event of an emergency, I hereby authorize to release my child(ren) to the following person(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent Name: _____ Signature: _____

COMMUNICATIONS

Please select your preference for receiving important information from the Office of Confirmation & Youth Ministry. You may select any or all options.

Email: _____ Phone: _____ Remind App (cell): _____

CONFIRMATION PROGRAM FEES

Confirmation I

TUITION FEE

Parishioner \$100.00

Non-Parishioner \$110.00

Confirmation II

TUITION FEE

Parishioner \$100.00

Non-Parishioner \$110.00

RETREAT FEE (1 Day)

Parishioner \$80.00

Non-Parishioner \$115.00

RETREAT FEE (3 Days, 2 Nights)

Parishioner \$250.00

Non-Parishioner \$275.00

HALF OF THE TOTAL BALANCE IS DUE UPON REGISTRATION.

REGISTRATION FEES ARE NON-REFUNDABLE.

- ◆ Make checks payable to St. Denis Church (Memo: Confirmation) // Major Credit Cards accepted.
- ◆ Payment plan may be arranged with a 50% deposit of the total amount due.
- ◆ Balance (second installment) to be paid in by January.
- ◆ Financial hardship will be considered on a case by case basis. Contact Confirmation Director.

Office of Confirmation & Youth Ministry

Contact Information

Jasmine A. Blackburn
Director, Confirmation & Youth Ministry
(213) 944-2576
jblackburn@stdenis.org

Instagram: @st.denis.cym
Website: www.stdenis.org/confirmation-youth-ministry
Office Phone: (909) 861-7106 x243

For Official Use only:

Confirmation I: Confirmation II: Class Day and Time: _____ Catechist Name: _____