

CONFIRMATION REGISTRATION FORM 2022

**Office Use CONFIRMATION DATE REC'D _____

Candidate's FULL LEGAL name as on birth certificate or Permanent Residency			___ Male
First	Middle	Last	___ Female
PLEASE INDATE CHOICE OF LEARNING (<input checked="" type="checkbox"/>)		Home Based	In Person
School	Grade	Date of Birth	
Holy Family Parish ___		Please indicate Home Parish	
		St. Patrick's Parish ___	
Mother's FULL Name _____ (_____) Religion _____ Maiden Name			
Father's FULL Name _____ Religion _____			
Child Lives with Both parents ___ Mother ___ Father ___ Shared Custody ___ Guardian/Other ___			
Home address		City	Postal Code
E-mail address (PRINT CLEARLY PLEASE!)		Phone Number	
Church of Baptism or Profession of Faith		City	Date ___√ Still needs
Parish of First Holy Communion		City	Date ___√ Still needs
Parish of First Reconciliation		City	Date ___√ Still needs
Does your child need assistance in the classroom on a regular basis due to learning challenges? Are there any health problems we need to know about?			

Please include the following with the registration:

- Copy of the child's **Baptism or Profession of Faith Certificate** if baptized in a faith other than catholic
- Copy of **Birth Certificate** or **Permanent Canadian Residency card** if born out of the country.
- Registration Fee **\$15.00** _____ **PAID**

PARENTS ONLY:

Freedom of Information and Protection of Privacy Act (FOIP) Release to Parish
Please indicate your desire to allow the Parishes to publish your child's **name and PICTURES** in a designated area within the Church or release your child's name to the Catholic school they attend, allowing the school to recognize your child's participation in this sacramental program.

YES ___ **NO** ___

Parent/Guardian Signature of Commitment _____

Office Use

Retreat attended Study appointment attended

Sponsor Name form submitted

Confirmation Name form submitted

Service Project booklet submitted

Letter to Bishop

CONFIRMATION NAME _____

SPONSOR NAME _____