



FIRST YEAR CONFIRMATION REGISTRATION FORM

P.O. BOX 627
ROME, NY 13442-0627

(315)336-5066
spcdre@twcny.rr.com

Student Name: _____
(Last) (First) (Middle)

Family Last Name (if different from student): _____

(Mailing Address)

Street Address: _____ Apt# _____ Phone: _____

City: _____ NY Zip: _____

Student Email: _____ Parent Email: _____

Student Cell Phone: _____

Student Date of Birth: _____ Place of Birth: _____ Gender: _____

Grade: _____ School: _____

Father's Name: _____ Religion: _____

Mother's **Maiden** Name: _____ Religion: _____

Legal Guardian Name: _____ Religion: _____

Parish in which you are registered: _____

Has student attended religious education classes in the past? _____ If yes, where? _____

Check all Sacraments your child has received and fill in date, church and address of church if known:

	<u>Date</u>	<u>Church</u>	<u>Church Address (City, State)</u>
<input type="checkbox"/> Baptism	_____	_____	_____
<input type="checkbox"/> Penance	_____	_____	_____
<input type="checkbox"/> Eucharist	_____	_____	_____

Please provide a copy of your child's Baptismal certificate if they were not baptized at St. Mary's or St. Peter's.

Please use the back of this form to explain medical conditions or to note special considerations for your child.
(Please list any severe allergies, such as bee-stings, food allergies, medications, etc.)