



# FIRST YEAR CONFIRMATION REGISTRATION FORM

200 N. James St  
ROME, NY 13440

(315)336-5066  
spcdre@twcnny.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.)