

Date \_\_\_\_\_

## **CONFIRMATION REGISTRATION FOR 2022-2023**

PARENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

*Please circle one*    **Mother**    **Father**    **Stepdad**    **Stepmom**    **Other** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE (REQUIRED) \_\_\_\_\_

MEMBER? YES NO (please circle one) If not would you like to become a Member? YES NO

Email (REQUIRED): \_\_\_\_\_ (TO SEND REPORTS TO)

PARENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

*Please circle one*    **Mother**    **Father**    **Stepdad**    **Stepmom**    **Other** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE (REQUIRED) \_\_\_\_\_

MEMBER? YES NO (please circle one) If not would you like to become a Member? YES NO

Email (REQUIRED): \_\_\_\_\_ (TO SEND REPORTS TO)

### **CHILDREN'S NAME(s)**

Circle one	First Name	Middle Name	Last Name	Grade going to be in this school year	Birth Date
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M or F \_\_\_\_\_

M or F \_\_\_\_\_

Was this child baptized? YES NO If so, where? \_\_\_\_\_

Has this child taken First Communion Instruction? YES NO If so, when? \_\_\_\_\_

#### **My child will be attending Wednesday night at:**

\_\_\_\_\_ 4 pm \_\_\_\_\_ 6 pm

\_\_\_\_\_ Either will work \_\_\_\_\_ NEED ZOOM CLASS

\_\_\_\_\_ I would like to take summer classes

Emergency contact if we are unable to reach you.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

If your children has a health concerns we should know about, please list them here beside their name:

**All Parents must meet with Pastor Cheryl** to review the expectations of Confirmation prior to the beginning of class. Please call for an appointment at 605-237-1501 or email [cherylgracelc@midconetwork.com](mailto:cherylgracelc@midconetwork.com).