



# Saint Mary Church

544 Main Street, New Britain CT 06051

Phone: 860-229-4894 ♦ Fax: 860-223-2756

Email: [parish@smnb.org](mailto:parish@smnb.org) ♦ Web page: [www.smnb.org](http://www.smnb.org)

## Confirmation Program Application Grades 9–12

### PARENT CONTACT INFORMATION:

Father's **LAST** name \_\_\_\_\_ / first name \_\_\_\_\_ / cell phone \_\_\_\_\_

Mother's **LAST** name \_\_\_\_\_ / first name \_\_\_\_\_ / cell phone \_\_\_\_\_

Home address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_ home phone \_\_\_\_\_

Email address: \_\_\_\_\_

**Best way to contact you** (home/cell phone or email) \_\_\_\_\_

### REGISTRATION FEES:

First child \$40.00 \_\_\_ Second child \$30.00 \_\_\_ Each additional child is \$ 20.00 \_\_\_

Total \_\_\_\_\_ Paid \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_ Paid \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

In case of emergency and we are unable to reach the parents of the children listed on this registration, please contact the following person:

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ phone \_\_\_\_\_

### PARENT SIGNATURE:

I understand and agree to the policies of the St. Mary Church Religious Education Program. I authorize St. Mary Church Office staff and teachers to obtain emergency medical treatment for my child/children if I cannot be reached or in an emergency.

\_\_\_\_\_  
Parent signature \_\_\_\_\_ Date \_\_\_\_\_

May we use your child's photograph in church publications? Yes \_\_\_\_\_ No \_\_\_\_\_



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### STUDENT TO BE ENROLLED —

Student's **LEGAL LAST** name \_\_\_\_\_ / first name \_\_\_\_\_ / cell phone \_\_\_\_\_

Male  Female

Date of birth: \_\_\_\_\_

Is the student a 1<sup>st</sup> or 2nd year Confirmation student? \_\_\_\_\_

Are there any **special needs, food allergies** or medical conditions we should be aware of regarding this child? (ADD, ADHD, hearing, vision? Please include written instructions if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SCHOOL —

School: \_\_\_\_\_ Grade: 9 10 11 12 \_\_\_\_\_ Graduation Year: \_\_\_\_\_

\_\_\_\_\_

### SACRAMENTS —

Has the student been baptized?

No

Yes  ... Date of baptism \_\_\_\_\_ Name of church \_\_\_\_\_

Roman Catholic Baptism Yes  No  (If no, specify other religion church of baptism) \_\_\_\_\_

Has this child received the sacrament of EUCHARIST (First Communion?)

No

Yes  ... Church \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_