

Our Mission: "To know Christ better and to make Him better known."
High School Confirmation Registration Form 2016-2017

ST. RAYMOND PARISH

Confirmation Year

Registered at St. Raymond Parish? YES NO If No, Name of Church: _____

Family Name: _____ Home Phone: _____

Address: _____
(Primary mailing address) City State Zip

Primary E-mail: (Please print clearly) _____

Secondary E-mail: (Please print clearly) _____

Father: _____ Cell Phone: _____
First MI Last

Father's Occupation (optional): _____ Work Phone: _____

Mother: _____ Cell Phone: _____
First MI Last Maiden Name

Mother's E-mail (please print clearly) _____

Mother's Occupation (optional): _____ Work Phone: _____

In Case of Emergency: _____ Phone: _____
(Other than guardian)

Relationship: _____

Participant's Name: _____

Teens E-Mail: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____
City State

Grade Entering Sept. 2016: _____ School: _____

Baptism: _____ Needs to be Baptized?
 Date Received Church and Address *(Check Box If Needed)*

Reconciliation: _____ Needs Reconciliation?
 Date Received Church and Address *(Check Box If Needed)*

1st Eucharist: _____ Needs 1st Eucharist?
 Date Received Church and Address *(Check Box)*

A copy of Baptismal & First Communion certificates must accompany all registration forms including teens who have received sacraments at St. Raymond. Forms will not be processed until certificates are received. (if not provided during year 1)

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address _____
City State Zip

Medical Plan: _____ Plan Number: _____

Do you authorize the adult leader to authorize medical treatment for your youth in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your youth in an emergency: _____

List all conditions (such as allergies, seizures) for which your youth requires ongoing medication and state the type and frequency of medication given: _____

Has your youth had difficulty with the following: (please check all that apply)

- Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears
 Nose Throat Lungs Digestion Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medications? No Yes, list: _____

Date of your youth's last physical examination: _____

I certify that the above information is accurate and will notify the Youth Ministry Office of any changes that occur after the date below

I grant permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of St. Raymond Parish.

(Signature of Parent or Guardian) Date: _____

For tuition please make check payable to: St. Raymond Youth Ministry

Credit Cards accepted in office only

(All returned checks are subjected to a \$5.00 service charge)

2nd Year Confirmation Program - \$175.00\$ _____
Early Bird Discount (By June 30, 2016)- \$25.00...\$ _____
Each Additional High School Youth Discount -\$20.00 \$ _____
TOTAL DUE \$ _____
Amount Enclosed \$ _____
Balance Due (will be billed)..... \$ _____



50% of tuition fees must be received with registration form.

For Office Use Only:
Date Received: _____
Date Entered: _____
Check # _____
Credit Card used
Amount _____

Payment Plan Needed (check box)