



Confirmation Program Registration 2018-19

Date received _____

Mother/Guardian

Name: First _____ Last _____

Address: _____

City: _____ Zip: _____

Email (required): _____

Phone: _____

Religion: _____

I am interested in chaperoning the retreat.

I am interested in serving as a small group leader.

Father/Guardian

Name: First _____ Last _____

Address: _____

City: _____ Zip: _____

Email (required): _____

Phone: _____

Religion: _____

I am interested in chaperoning the retreat.

I am interested in serving as a small group leader.

Where should we send program communication? Mother Father Both parents

Student Name							Sacraments received		
First	Last	Allergies/ Special Needs	Sex	Date of Birth	Grade	School	Student Email	Baptism Date/Church*	First Eucharist Date/Church*
				/ /					
				/ /					

**If sacraments not received at St. John Vianney Parish, certificate copies must be turned in to the CF Office.*



St. John Vianney Catholic Parish



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Emergency Contact: _____ Phone: _____

Photo/Video Release Consent:

Yes-I give permission for St. John Vianney Parish to use photos/video taken of my child during parish events in publications, videos, and on the website.

Parent Signature

2018-19 Program Fees	
Confirmation program fee	\$125
Non-parish member program fee	\$225
Retreat fee (due in October)	\$125
Late fee (after July 1)	\$ 25

**Please reference the Program Fee schedule for payment amount.
Checks should be payable to St. John Vianney Parish.**

Payment or financial aid form must accompany this registration form;
no child will be denied registration due to financial difficulties.

To request a financial aid application, contact the
Christian Formation Office at (262) 796-3944

OFFICE USE ONLY

Student _____ Total _____
 Parents _____ Paid _____
 Other _____ Date _____

