



Confirmation Program Registration 2020-21

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		GRADE IN FALL 2020				SACRAMENTS RECEIVED			
First	Last	Allergies/ Special Needs	Sex	Date of Birth	Grade	School	Student Email	Baptism Date/Church*	First Eucharist Date/Church*
				/ /					
				/ /					
				/ /					

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



Emergency Contact: _____ Phone: _____

Photo/Video Release Consent:

Yes ____ No ____ 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 and social media.

Parent Signature

Fee Assessment	Please Make checks Payable to St. John Vianney (Memo Line FFF registration)	
	2020-2021 Program Fees	
	One Confirmation student.....\$150 = \$ _____ Two Confirmation students.....\$250 = \$ _____ Three Confirmation students.....\$350 = \$ _____ Confirmation Retreat\$100 = \$ _____ <p style="text-align: right;">TOTAL \$ _____</p>	<p style="text-align: center;">Fee Payment Plans <i>Please check the plan which best meets your needs</i></p> <p><input type="checkbox"/> Full payment with registration</p> <p><input type="checkbox"/> Pay 1/2 with registration and the balance by 1-31-2021</p> <p><input type="checkbox"/> Other—Please contact Dave Baudry, Assoc. Director of Child & Youth Ministry at: 262-796-3944, Ext. 1117 to discuss arrangements. Financial aid is available.</p>
FOR OFFICE USE ONLY DATE REC'D _____ AMT REC'D _____ CK# _____		

