

Date _____

CONFIRMATION REGISTRATION FOR 2023-2024

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? _____

Wednesday Evening:

_____ 6 pm class in the basement

_____ I need to make other arrangements

_____ I would like to take summer classes

Emergency contact if we are unable to reach you.

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP TO CHILD: _____

If your child 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.