



Saint Vincent De Paul Catholic Church
Confirmation & Youth Ministry Registration 2003-2004
 Please, complete both sides of form.

For office use only	
Date:	_____
ID #:	_____
Initials:	_____ Com: _____

<p>Youth Ministry Life Teen High School Program (No Fee)</p> <p><input type="checkbox"/> Sunday 5:00 PM Mass / Life Teen Youth Ministry immediately follows</p>	<p>Confirmation (English) High School</p> <p><input type="checkbox"/> Wednesday, 7:00-8:30 pm Grades 9-12</p> <p>Confirmation (Spanish) High School</p> <p><input type="checkbox"/> Wednesday, 7:00-8:30 pm Grades 9-12</p> <p><input type="checkbox"/> First Communion (High School)</p>
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Please Print:

Family Last Name _____ Address _____ Apt.# _____ City _____ Zip _____

Home Phone _____ Email Address: _____

Father's Work # _____ Mother's Work # _____

Emergency Phone _____ Name/Relationship _____

Father or Legal Guardian _____ Religion _____
First Last

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

Mother or Legal Guardian _____ Maiden Last Name _____ Religion _____

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

Who do children live with? Both Parents Father Mother Other _____

Confirmation Registration Fees: \$45 per student (\$65 per student for non-parishioners) and a \$60 deposit for the Fall Retreat. **A total of \$105.00 is due at Registration in order to enter the program. (Total: \$125 per student for non-parishioners)**

After September 1st, the basic registration fee is \$55 per student (\$75 per student for non-parishioners) and a \$60 deposit for the Fall Retreat, making a total of \$110.00 due at Registration in order to enter the program. (Total: \$135 per student for non-parishioners)

Cash or checks are accepted. Make checks payable to: **S.V.D.P.** (Saint Vincent De Paul).

FOR OFFICE USE ONLY:			
Registration _____	Retreat _____	Total Amount Due \$ _____	
Date: _____	Amount Paid \$ _____	Method of Payment _____	Balance \$ _____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

STUDENT REGISTRATION 2003-2004
MUST COMPLETE ONE SECTION BELOW FOR EACH STUDENT
Please include a copy of your each student's Baptismal Certificate

#1 Student's Student's First Name _____ Last Name _____
Grade _____ Age _____ School Attending _____
Place of Birth _____ Date of Birth _____
Date of Last Rel. Ed. Class attended _____ What Church _____
Catholic Baptism? Yes No Other _____
Baptism Date _____ Church of Baptism _____
Address: _____
City: _____ State: _____ zip _____
Date of First Reconciliation: _____ Church of First Reconciliation: _____
Address: _____
City: _____ State: _____ zip _____
Date of First Communion: _____ Church of Holy Communion: _____
Address: _____
City: _____ State: _____ zip _____
Date of Confirmation: _____ Church of Confirmation: _____
Address: _____
City: _____ State: _____ zip _____
Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____

#2 Student's First Name _____ Last Name _____
Grade _____ Age _____ School Attending _____
Place of Birth _____ Date of Birth _____
Date of Last Rel. Ed. Class attended _____ What Church _____
Catholic Baptism? Yes No Other _____
Baptism Date _____ Church of Baptism _____
Address: _____
City: _____ State: _____ zip _____
Date of First Reconciliation: _____ Church of First Reconciliation: _____
Address: _____
City: _____ State: _____ zip _____
Date of First Communion: _____ Church of Holy Communion: _____
Address: _____
City: _____ State: _____ zip _____
Date of Confirmation: _____ Church of Confirmation: _____
Address: _____
City: _____ State: _____ zip _____
Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____