

CONFIRMATION REGISTRATION 2009-2010

Office Use Only
Bapt. Cert. _____
Birth Cert. _____
Fees
8 th Gr - \$75 _____
9 th Gr - \$100 _____
Pd.# _____

Grade 8 9 A Copy of the Baptismal and Birth Certificate Must Accompany This Form.

Circle one

ST. VINCENT FERRER PARISH
840 George Bush Blvd.-Delray Beach, FL 33483
Parish Office (561) 276-6892 Religious Ed. Office (561) 279-8041

Student's Legal Name _____
First Middle Last

Address _____

City _____ Zip _____ Telephone# _____

Father's Legal Name _____

Mother's Legal Name _____ Maiden _____

Date of Birth _____ City & State _____

Date of Baptism _____ Church of Baptism _____

City & State of Baptism _____

Date & Church of First Communion _____

Legal Name of Confirmation Sponsor _____

School Attending in Fall, 2009 _____ Grade _____

EMERGENCY INFORMATION

Whom should we contact in case of emergency?
Name _____ Phone _____

Name _____ Phone _____

Is there any medical information we need to know about your child? _____

Is your child taking any medication? Yes ___ No ___ What medication? _____

If we are unable to contact you or the person designated as emergency contact, do you give us your authorization to provide appropriate medical attention should your child require it while attending Confirmation class or any activity connected with this parish program? YES _____ NO _____

If so, which hospital would you prefer your child to be taken to _____

Name of Doctor _____ Phone _____

Parent/Guardian Signature _____ Date _____

Please note: This registration cannot be accepted or processed without all the proper information recorded and a copy of BOTH the Baptismal and Birth Certificates provided. This is necessary for updating our files.

***Please note that our Confirmation Program is available only to Registered/Contributing Members of St. Vincent Ferrer Parish.**