

Queen of Martyrs Religious Education Sacrament of Confirmation Registration Form 2020

(Please Print)

Family Last Name _____

Mother Maiden (first & last name) _____

Father (first & last name) _____

Religion: (Mother) _____ (Father) _____

Address: _____

City: _____ NY Zip: _____

Parent(s) E-mail(s): _____

Student E-mail(s): _____

CELL Ph: _____

HOME Ph. _____

Students (please list all children who will be attending the Confirmation program)

PLEASE INCLUDE LAST NAME IF DIFFERENT FROM PARENTS

Name	Gender	Birth Date	Grade
_____	M/F	_____	_____
_____	M/F	_____	_____

Please list any health problems or learning disabilities that your child might have.

Fees:

_____ **1 Student = \$60.00 -2 Students = \$85 – 3 students = \$100**

For office use: Total \$ due _____ Amount paid _____ Check # _____

Please complete the reverse side of this form

STUDENT

Church Baptized_____

Address of Church_____

Date of Baptism_____

High School Presently Attending_____

Confirmation Name you have Chosen_____

Confirmation Sponsor's Name_____

Sponsor's Parish Church_____

STUDENT

Church Baptized_____

Address of Church_____

Date of Baptism_____

High School Presently Attending_____

Confirmation Name you have Chosen_____

Confirmation Sponsor's Name_____

Sponsor's Parish Church_____