

# Queen of Martyrs Religious Education Sacrament of Confirmation Registration Form 2022

**(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**

<b>Name</b>	<b>Gender</b>	<b>Birth Date</b>	<b>Grade</b>
_____	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\_\_\_\_\_

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Church Baptized\_\_\_\_\_

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