

Registration Date _____

Paid by check # _____

(for office use only)

Paid Cash _____

Amount Paid _____

CONFIRMATION REGISTRATION - A TWO YEAR PROGRAM*(Please print and fill in both sides completely)* \$125.00 fee to be given with this form to the OFFICE

Keep in mind this fee covers two years of books & supplies.

CANDIDATE INFORMATION

Candidate's Full Name _____ Age _____

(first) _____ *(middle)* _____ *(last)* _____

Nickname _____ Candidate's e-mail _____

Mailing Address _____ City _____ FL, Zip _____

Physical Address _____ City _____ FL, Zip _____

Date of Birth _____ Place of birth _____

(City) _____ *(State)* _____ *(Zip)* _____

School attending _____ Grade your child will be in, in Sept _____

To get the most out of the Confirmation experience, St. Madeleine strongly recommends that all candidates be enrolled in a religious education program for a minimum of one year prior to entering the Confirmation program. Please indicate where your child has received his/her religious education.

Grade 7: Parish/School _____

City, State, Zip _____

Grade 8: Parish/School _____

City, State, Zip _____

FAMILY INFORMATION

Mother's full name _____ Maiden Name _____ Religion _____

Mailing address _____ Home # _____

Work # _____

E-mail _____ Cell # _____

(I correspond with all parents via e-mail)

Father's name as it appears on birth certificate _____ Religion _____

Mailing Address _____ Home # _____

Work # _____

E-mail _____ Cell # _____

*(I correspond with all parents via e-mail)***AUTHORIZATION TO PUBLISH PICTURES**

I grant permission to St. Madeleine Catholic Church to publish pictures of my child on the church's web site or in the church's bulletin or other printed materials. I further state that I have the right to grant or refuse this permission, as I am the child's Parent/legal guardian.

 Yes No_____
(signature)

Please do not let the fees prevent you from enrolling your child in religious education. If the fees are a hardship, please let Father Sebastian or Jocelyne know about it, since St. Madeleine has a few scholarships it can provide. Please keep in mind, all scholarship recipients will be kept confidential.

SACRAMENTAL INFORMATION

1. Catholic Baptism? Yes No If no, what denomination? _____
2. Baptism at St. Madeleine? Yes No If no, please fill information below
3. Reconciliation at St. Madeleine? Yes No If no, please fill information below
4. First Eucharist at St. Madeleine? Yes No If no, please fill information below

CERTIFICATE INFORMATION

Payment is due with this form

Please fill out **ALL** information **completely**

Please **print** legibly or type. Please do not use cursive

If you child did not receive his/her Sacraments at St. Madeleine, please attach a **copy** of the certificates to this form.

Certificates will **not** be returned, please only submit copies.

If you need help contacting a church to obtain sacramental records, call 386-454-2358

BAPTISM INFORMATION

Date of Baptism _____ Church of Baptism _____

Address of Church of Baptism _____

City _____ State _____ Zip _____ area code & tele. _____

PLEASE PROVIDE COPY OF CERTIFICATE

RECONCILIATION INFORMATION

Date of Reconciliation _____ Church of Reconciliation _____

Address of Church of Reconciliation _____

City _____ State _____ Zip _____ area code & tele. _____

PLEASE PROVIDE COPY OF CERTIFICATE

FIRST COMMUNION INFORMATION

Date of First Communion _____ Church of First Communion _____

Address of Church of First Communion _____

City _____ State _____ Zip _____ area code & tele. _____

PLEASE PROVIDE COPY OF CERTIFICATE