

# CONFIRMATION REGISTRATION

\*For Students entering grade 10 or higher\*

Student's Name \_\_\_\_\_

Student's Email \_\_\_\_\_

Address \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

School student attends \_\_\_\_\_

Student wishes to be in class with \_\_\_\_\_

(I will try to place students with 1 or 2 friends, but I cannot guarantee that it will happen)

Please list any physical or educational special needs your student may have so that we may provide the best possible environment for him/her:

\_\_\_\_\_

**\*Any questions regarding Confirmation can be directed to Sarah in the Faith Formation Office 289-6317 ext. 19**

## FIRST RECONCILIATION AND FIRST EUCHARIST REGISTRATION

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Child's Date of Baptism: \_\_\_\_\_

My child was baptized at St. PiusX: Yes \_\_\_ No \_\_\_

If no, please complete the remainder of this form and bring a copy of your child's Baptism certificate to the Parent Meeting on September \_\_\_ All children not baptized at St. Pius must have a copy of their certificate on file.

Church of Baptism: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**\*Any questions regarding First Reconciliation and First Eucharist can be directed to Sarah in the Faith Formation Office 507-289-6317 ext. 19**