

**ST. JOSEPH CO-CATHEDRAL
10TH GRADE CONFIRMATION PREPARATION
2018-2019 REGISTRATION FORM**

Please return this form and \$100 registration fee by May 21, 2018
or mail to -

*St. Joseph Co-Cathedral
Confirmation Class
P.O. Box 966
Thibodaux, LA 70302*

Please fill in ALL blanks. Information must be posted in church's register.

CANDIDATE'S LAST NAME _____

CANDIDATE'S FIRST NAME(NO NICKNAME) _____

CANDIDATE'S MIDDLE NAME _____ **JR./II/III**

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

(first) (maiden name) (last)

CANDIDATE'S DATE OF BIRTH _____

(month) (day) (year)

CANDIDATE'S DATE OF BAPTISM _____

(month) (day) (year)

NAME OF CHURCH OF BAPTISM _____

ADDRESS OF CHURCH OF BAPTISM _____

PRESENT HOME ADDRESS _____

PHONE NUMBER _____ **CELL NUMBER** _____

AGE _____ **CIRCLE:** **MALE** **FEMALE**

SCHOOL CANDIDATE IS PRESENTLY ATTENDING _____

CANDIDATE'S CHURCH PARISH _____

(OVER)

Does your child have any medical problems we should know about?

If so please explain *****

Child has following medical problems:

Child takes following medications:

Emergency Contacts and Phone Numbers:

Safe Environment-Circle of Grace classes are now a part of our Parish Curriculum. Please be advised that we will have safe environment classes each year. These classes will include materials issued by the diocese on safe environment issues. Please let me know if you have any questions, concerns, or if you choose to do this mandated lesson at home with you child. Otherwise, your child will be included in our safe environment lessons.

Social Media- By signing below, you are giving us permission to post photos of your child on our St. Joseph Co-Cathedral Social Media pages.

***PLEASE MAKE SURE WE ALWAYS HAVE A CURRENT/WORKING PHONE NUMBER, IF YOUR NUMBER SHOULD CHANGE, PLEASE NOTIFY US!!**

***Parent Signature:* _____ *Date:* _____**

EMAIL ADDRESS _____

***Please note, we may use emails and church announcements as a form of communication.**

Registration fee for forms returned after May 21, 2018 will be \$120.00.

FOR OFFICE USE ONLY Date of Registration: _____

How paid: Amount _____ Cash _____ Check # _____