

**Sacred Heart/St. Bernard Parishes**  
**Student Registration for Confirmation 2018-2019**

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Gender: (M/F): \_\_\_\_\_ English as a Second Language? Yes or No

Baptism: Year Received \_\_\_\_\_ City/Parish \_\_\_\_\_

1<sup>st</sup> Communion: Year received \_\_\_\_\_ City/Parish \_\_\_\_\_

Registered Parish: St. Bernard's \_\_\_\_\_ Sacred Heart \_\_\_\_\_

**SPECIAL NEEDS OR ALLERGIES:** \_\_\_\_\_

**Parent Information:**

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

**\*\*EMAIL ADDRESS:** \_\_\_\_\_

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**Registration Fees: First Child \$60.00 2 Children \$75.00 3 or more children \$100.00**

\*Please let us know if there are financial difficulties and aid may be available.

Contact: Deacon Dance Farrell dancefarrell@gmail.com #(707)442-6466 or (707) 443-8429

Payment Check/Cash: \_\_\_\_\_ Amount: \_\_\_\_\_