

**HOLY TRINITY  
CONFIRMATION REGISTRATION FORM**

**8th–12th grade  
SUDNAYS 11:00 AM – 2:00 PM**

**Students must have completed one year of Religious Education or have attended Catholic School prior to registering for Confirmation.** If the student attended Religious Education or Catholic School other than at Holy Trinity, please bring proof for your records.  
Must bring a copy of **Baptism certificate** when registering for this program.

Student's full name: \_\_\_\_\_  
*First Middle Last*

Birth date: \_\_\_\_\_ School Grade \_\_\_\_\_

T-Shirt Size: **M L XL XXL XXXL**

Address where the child lives: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Can we text with reminders? Y \_\_\_ N \_\_\_

Parent's e-mail address: \_\_\_\_\_

Has he/she been baptized? Yes \_\_\_ No \_\_\_ Which church: \_\_\_\_\_

If not, he/she needs to be signed up in R.C.I.C. program: \_\_\_\_\_

Has the student made his/her 1<sup>st</sup> Communion? Y \_\_\_ N \_\_\_ Which church? \_\_\_\_\_

Was he/she in an R.E. program /Youth Group or Catholic School **this last school year** ? Y \_\_\_ N \_\_\_

Mother's name: \_\_\_\_\_  
*Last name First name Maiden name*

Father's name: \_\_\_\_\_  
*Last name First name*

Does your child have any medical conditions? \_\_\_\_\_

Alternate Phone numbers in case of an emergency: \_\_\_\_\_

**For office use only:**

Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_ Ck # \_\_\_\_\_ Date \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

# of kids: \_\_\_\_\_ Names: \_\_\_\_\_

Received copy of baptism certificate: Y \_\_\_ N \_\_\_ Comments: \_\_\_\_\_