

**St. Lucy Parish**  
**Registration for Confirmation 2**  
**2009 - 2010**

**Family Last Name:** \_\_\_\_\_

**Students Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Religion of Child \_\_\_\_\_  
School Child Attends \_\_\_\_\_ Grade \_\_\_\_\_  
Child Lives With \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

**1<sup>st</sup> Year in Faith Formation/Catechism?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Baptism Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

1<sup>st</sup> Reconciliation Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

1<sup>st</sup> Communion Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Confirmation Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

If your child attended a faith formation class last year please specify what kind of class (CCD, Life Teen, Edge, Catholic school)

\_\_\_\_\_

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

Religion \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Does Mother speak English? \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Single Parent \_\_\_\_\_

**Father's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Religion \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Does Father speak English? \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Single Parent \_\_\_\_\_

Parish you regularly attend: \_\_\_\_\_ Registered Parishioner at St. Lucy? Yes \_\_\_\_\_ No \_\_\_\_\_

Person *other than parent* to contact in case of emergency:

\_\_\_\_\_

NAME

Relationship

Phone #

Cell #

Please indicate any health conditions, learning disabilities or family situations you would like us to be aware of. \_\_

\_\_\_\_\_

\_\_\_\_\_



**Volunteers: In both Life Teen and the confirmation program we occasionally need help with driving, service projects, Fund Raising & baking. If you can help, please circle the capacity in which you would like to help.**

**With class    Drive    Service Projects    Fund Raising    Baking    Chaperone**

**Volunteer's Name** \_\_\_\_\_  
**Home Phone                      Cell                      Email**

**Photo Consent:** Occasionally pictures are taken of youth ministry events and gatherings. We would like to be able to use these photographs for newsletters, flyers, and the Teen Ministry Web Site. **We will not use any last names** if posted. Concerns about published pictures should be expressed to writer/ webmaster and will be promptly dealt with.

I/We the parent(s) of this student, authorize and give full consent, without limitation or reservation, St. Lucy Teen Ministry, to publish any photographs in which the above named student and/or pictures of his/her parents or grandparents(s) appears while participating in any program with St. Lucy's Teen Ministry. No compensation is to be given.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_