

T.R. Parish Confirmation 2024-25 Registration

Student's Name: _____ Grade: _____ Birthdate: _____

Date of Baptism: _____ Place of Baptism: _____

Parent 1 Name: _____ Parent 1 Cell: _____

Parent 1 Email: _____

Parent 2 Name: _____ Parent 2 Cell: _____

Parent 2 Email: _____

Primary Address: _____

Secondary address: _____

Primary Home Phone: _____

Secondary Home Phone: _____

Student Cell: _____

Student Email: _____

Other Email in case of cancellations: _____

Emergency Contact if parent can't be reached:

Name: _____ Relationship to student: _____

Phone Numbers: (h) _____ (c) _____

Note: In case of joint custody, please give both sets of information.

List any allergies or medical concerns:

Parent's signature