***ST. MARY FAITH FORMATION PROGRAM***

McHenry, IL 60050

***Confirmation Registration Form***

**2021/2022**

 **PLEASE PRINT ALL**

**INFORMATION CLEARLY**

**STUDENT’S**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST FIRST MIDDLE**

 **\*\*\*\*\*PLEASE USE YOUR CHILD’S FULL LEGAL NAME\*\*\*\*\***

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City State Zip Code**

**CELL #: Father**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M**other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(PLEASE INDICATE CONTACT OREDER)**

**PARENT “E-MAIL” ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print)**

**PREFERRED METHOD OF CONTACT: (PLEASE CIRCLE) Email / Home Phone / Cell Phone**

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACE OF BIRTH**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State

**DATE OF BAPTISM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHURCH OF BAPTISM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHURCH**

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City STATE ZIPCODE

**IF YOUR CHILD WAS NOT BAPTIZED AT ST. MARY’S YOU WILL NEED TO PROVIDE A COPY OF YOUR CHILDS BAPTISMAL CERTIFCATE. \*(PLEASE NOTE: 6 MONTHS PRYIOR TO CONFIRMATION WE WILL NEED THE PARISH OF BAPTISM TO SEND A CERTIFIED COPY OF YOUR CHILD’S BAPTISMAL CERTIFICATE TO THE FAITH FORMATION OFFICE. WE WILL SEND OUT REMINDERS ONCE A DATE IS SET FOR CONFIRMATION)**

**FAMILY INFORMATION:**

**FATHER’S**

**FULL LNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 LAST FIRST MIDDLE

**MOTHER’S**

**FULL LNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 LAST FIRST MIDDLE MAIDEN

**THERE IS A ONE TIME ADMINISTRATIVE FEE OF $125.00 PER CHILD FOR THE 2 YR PROGRAM.**

**PLEASE MAKE CHECKS PAYABLE TO ST. MARY’S CHURCH.**

**PLEASE RETURN THIS FORM, WITH YOUR PAYMENT.**