***THE CHURCH OF SAINT MARY***

*Faith Formation Program*

*McHenry, IL 60050*

***Confirmation Registration Form***

*2023 - 2024*

 **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 ORDER)**

**PARENT EMAIL \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(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 ZIP CODE**

**\*\* IF YOUR CHILD WAS NOT BAPTIZED AT ST. MARY’S YOU WILL NEED TO PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE. \*(PLEASE NOTE: 6 MONTHS PRIOR 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 IF YOU DID NOT SUBMIT YOUR FEE LAST YEAR PLEASE SUBMIT NOW.**

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

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