2023-2024 St. Albert's Confirmation Class Registration Form \$50.00 per child

Parent's Name:

Last Mailing Address:		Mother	Father	
Phone Number: Class preference: 6 th grade RE, Confirmation I, Confirmation II				-
				-
Are you a registered parishione **Please note- priority will be given t			Yes No nt that classes close.	
Email Address:				
Please list all children that will be Check all that apply	e attending Confirma	ation		
CHILD'S FIRST AND LAST NAME	GRADE ENTERING	DATE OF BIRTH	Date & place BAPTISM	FIRST
Did your child receive their sac	raments at St. Albe	rt Newman Pai	rish? Yes No	
*Please submit a copy of Baptismal certi	ificates if sacraments did	not take place at St	t. Albert Newman Parish	
Allergies or medical conditions	we should be awar	e of:		
Emergency Contact Name:		 Phone Numbe	ər:	
Relationship:		·		
Office Use Only				