

Our Lady of Las Vegas Church

Confirmation I

High School Confirmation Registration Form 2017-2018

Details of the program and requirements will be given at the *Information Meeting, which will be held on Wednesday August 30, 2017 at 6:15 P.M. In Parish Hall.* All students & a parent/guardian are required to attend.

To register turn in the following by August 15, 2017:

- 1) *This registration form completely filled out. (Both sides please print)*
- 2) *A photocopy of the students Baptismal and First Communion Certificate, Birth Certificate and current church envelop.*
- 3) *The registration fee (see below).*

Confirmation Registration Fees:

\$150.00 for all Confirmation Students per year. Fee's need to be paid in full before class's starts.

Confirmation fees do not include retreat fees. These must be paid at the time of registering for An individual retreat.

Student Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(____) _____ - _____ Date of Birth: _____ Male / Female

E-mail: _____

School: _____

Grade: _____ (Fall of 2017) *Shirt Size s m l xl xxl*

Student's Sacramental Information

Sacraments Received:

Location (Church/City/State)

___ Baptism _____

___ First Communion _____

Office Use Only

Paid: _____ Date: _____ Check #: _____

Birth Cert _____ Baptism Cert _____ Communion Cert _____

Parent/Guardian Information

Mother/Guardian 1:

Father/Guardian 2:

Full Name: _____

Full Name: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Mother's Maiden Name: _____

Birth Father's Name (if different): _____

Do you live with the student? Yes No

Do you live with student? Yes No

E-mail _____

E-Mail _____

Parents: *“As the primary educators of their children, parents, along with sponsors, are to be intimately involved in catechesis for Confirmation. This will help them renew and strengthen their own faith, besides enabling them to set a better example for their children.” (National Catechetical Directory #19 U.S. Conference of Catholic Bishops)*

Parents are asked to be involved in helping with at least one area of the Confirmation Preparation. Please be assured that we will provide you with any training you may need for any of the areas listed.

- Help with any aspect of our retreats (set up, registration, kitchen/food prep, guest speaker, donations, clean up)
- Helping with service projects (set up, possibly drive, clean up)

Parental Permission to Receive the Sacrament of Confirmation

I, _____ (your name), give my child _____ (teen's name) permission to receive the Sacrament of Confirmation at Our Lady of Las Vegas Catholic Church.

Signature(s) and Date (both parents if applicable)

Does any other person, parent or otherwise, have joint-custody or other legal rights that require us to seek their permission for the above mentioned teen to receive the Sacrament of Confirmation?

YES NO

Signature

Medical Information Form:

We ask for the following medical information in the case of an emergency.

All Special Medical Needs/Concerns/Allergies...

Health Insurance Information (Recommended but not required):

Company: _____ Policy #: _____

Name on Policy: _____ Physician: _____

Emergency Contacts (please list two other than parents):

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

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