

Confirmation 2024 Registration Form

Registration Fee: \$150 / Register by Jan 28, 2024

Pay by check payable to "Saint Brigid" online at www.saintbrigid.org/confirmation



STUDENT INFORMATION please print clearly today's date _____

Student Name: _____ Male ___ Female ___
First Middle Last

Goes by (for nametag): _____ Birth Date: _____ City/State of Birth: _____

Street Address: _____ City: _____ State: ___ Zip: _____

School: _____ Current Grade _____ Height _____ (for robe sizing)

CHOOSE YOUR SUMMER SESSION 4-day Confirmation Camp at Saint Brigid, M-T-W-Thu, 9am-3pm

_____ Week 1, June 10-13 _____ Week 2, July 8-11

CONTACT INFORMATION

Communication will be exclusively through email. ALL class information etc. will be sent by email. Provide 1 or 2 email addresses that you consistently monitor.

Parent Primary E-mail _____

Parent Secondary E-mail (optional) _____

Student E-mail _____

Parent cell phone (phone calls/texting is used for individual situations) _____

RECORD OF BAPTISM AND FIRST COMMUNION

Was student baptized at St. Brigid? _____ Yes _____ No

If not, list Name, City, State of Church of Baptism _____

Did student receive 1st Communion at St. Brigid? * _____ Yes _____ No

If not, list Name, City, State of Church of 1st Communion _____

***Note: If First Communion was NOT received at Saint Brigid, you must include a copy of the student's Baptism Certificate and First Communion Certificate (please attach)**

RELIGIOUS EDUCATION HISTORY check the grades when student attended

PSR or CCD program ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

Catholic School ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

FOR OFFICE USE:

FEE RECEIVED CK # _____ CASH _____ ONLINE _____ | SACRAMENTS ON FILE _____ ATTACHED _____ REQUESTED _____

