

St. Elizabeth Ann Seton Roman Catholic Church
Youth Ministry Department
2013-2014 Confirmation Registration Form

Family Name: _____ Parish Registration #: _____

Student's Name: _____

Student's Date of Birth: _____ Student's Age: _____ Grade in Fall '13: _____

Student's T-shirt size: _____ Student's Height: _____ Student's Weight: _____

School: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Student's Cell: _____

Student's Email: _____

Mother's Name: _____ Religion: _____

Home Phone: _____ Cell: _____ Other: _____

Mother's Marital Status: _____ Mother's Email: _____

Father's Name: _____ Religion: _____

Home Phone: _____ Cell: _____ Other: _____

Father's Marital Status: _____ Father's Email: _____

Emergency Contact Name: _____ Relationship to Student: _____

Home Phone: _____ Cell: _____ Other: _____

Does your child have any medical issues that we need to be aware of? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, please list allergies: _____

OFFICE USE ONLY:

Fees Paid: Amount: _____ Check #: _____ Cash: _____