

**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: \_\_\_\_\_