



# *Saint Elizabeth Ann Seton*

## ROMAN CATHOLIC CHURCH

### **St. Elizabeth Ann Seton Roman Catholic Church Confirmation Registration**

Welcome to St. Elizabeth Ann Seton Roman Catholic Church. Thank you for supporting your child in the next steps of their faith journey. Registration for the Confirmation year of 2013-2014 will take place May 15th – August 1st. Please fill out the form and return it to the Youth Ministry Office with payment. For Confirmation Level 1 students please provide us with a copy of your child's birth certificate, baptism certificate and first communion certificate.

#### **Fees for the Confirmation year of 2013-2014 are as follows:**

Confirmation Level 1 = \$200

Confirmation Level 2 = \$225

#### **These fees include:**

- Polo Shirts
- Retreat T-Shirts
- Retreat Supplies
- A 2 Night Off-Campus Retreat
- An Overnight Homeless Retreat
- Robes for the Confirmation Liturgy
- NET Retreat
- Books for Class

Please note if your child has not been attending Religious Education classes and goes to a public school then there will be a supplementary class for him/her to attend along with his/her Confirmation class.

Our Parent and Student Meeting will be held on September 8th at 6 p.m. in the Parish Gym.

Once you have completed the form on the back side of this page and turned in payment, we will send an email reminder about the Parent and Student Meeting closer to the date.

If there are any questions we can answer or if we can be of further assistance to you, please call the Youth Ministry Office at 804-8372. Know that our care and support for you remains constant.

*God Bless,  
Meghan Hernandez*

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