

English Confirmation & English RCIA Program

2016 - 2017 Registration Form

Please check ONE of the following Options:

| High School Confirmation | High School Confirmation & First Communion | High School RCIA | Adult Confirmation | Adult Confirmation & First Communion | Adult RCIA |
|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 1 |
| <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 2 | | | |

If **Year 2**, where did you complete Year 1?

Parish Name: _____

**If you completed Year 2 at another Parish than La Vang, please present Transfer Letter on letterhead.*

Transfer Letter Attached?

Yes

No

Student Information

Student Name: _____

Date of Birth: _____

Address: _____

Phone: _____

HS Name: _____ Is this a Catholic School? Yes No Grade: _____

Does the student have any special needs? Yes No If yes, please explain: _____

Is the student involved in Home-based classes? Yes No If yes, please explain: _____

Student Sacramental Information

1. Was the student **BAPTIZED** in the Roman Catholic Church? Yes No If yes, attach a COPY of the cert.

Baptismal Certificate Attached? Yes No

Parish Name: _____

City: _____

State: _____

2. Has the student received **FIRST COMMUNION**? Yes No If yes, attach a COPY of the cert.

First Communion Certificate Attached? Yes No

Parish Name: _____

City: _____

State: _____

Father's Information

Father's Name: _____

Religion: _____

Address (If different from child): _____

Home Phone: _____ Cell Phone: _____ Text Ok? Yes No

Mothers Information:

Mother's Name: _____

Religion: _____

Address (If different from child): _____

Home Phone: _____ Cell Phone: _____ Text Ok? Yes No

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Text Ok? Yes No

In case of an emergency

Should it be necessary for me or my child/children to have medical treatment, in case I cannot be reached or unconscious, I give the parish personnel permission to use their judgment in obtaining medical service. I agree to relieve the parish and any participating adults from any liability. I understand that my insurance benefits that are effective have limited application.

Si fuese necesario proveer tratamiento médico a mi o a mi hijo(a), en caso de que yo no fuese ubicado o inconsciente doy autorización para que el personal de la parroquia escoja el servicio médico. De mutuo acuerdo, dejo sin responsabilidad a la parroquia y a los adultos participantes. Entiendo que los beneficios de la a seguridad medica vigentes tiene una aplicación limitada.

Other Siblings Registered in the Confirmation Program

1. Name: _____ Age: _____ Teacher: _____
 2. Name: _____ Age: _____ Teacher: _____
 3. Name: _____ Age: _____ Teacher: _____

Confirmation Program Fees

- \$125 for EACH Individual Student
- \$75 for EACH additional sibling registered Confirmation

IF payment is not received by October 9th 2016 fee will increase as follows:

| High School Programs | | | |
|------------------------------|--|--|----------------------|
| Total Due by October 9, 2016 | Increase if paid after October 9, 2016 | Total Due if paid after January 15, 2017 | PARENTS Initial Here |
| \$125 | \$150 | \$200 | |
| \$75 | \$100 | \$150 | |

| Adult Programs | | | |
|------------------------------|--|--|---------------------|
| Total Due by October 9, 2016 | Increase if paid after October 9, 2016 | Total Due if paid after January 15, 2017 | ADULTS Initial Here |
| \$75 | \$100 | \$150 | |

Adult/Parent/Guardian Name Adult/Parent/Guardian Signature Date

Office Use ONLY - Payment History

| Amount Paid | Date | Receipt # | Received by |
|-------------|------|-----------|-------------|
| | | | |
| | | | |
| | | | |

- Paid in FULL **BEFORE** October 9, 2016 Initials: _____
 Paid in FULL **AFTER** October 9, 2016 Initials: _____
 Paid in FULL **AFTER** January 15, 2017 Initials: _____