

# New Confirmation Program Registration Form for 7<sup>th</sup> & 8<sup>th</sup> Grade

St. Elizabeth-St. Brigid Parish

Far Hills- Peapack

2021 - 2022

Registration fees will be \$175 for one child; \$250 for 2 children and \$325 for 3 or more children. Please submit one registration form per student. Tuition amount is payable by check and/or cash and must be attached to a completed registration form (s) for registration (s) to be accepted. **Registrations of returning students received after May 31, 2021 will be waitlisted for the class request.** Confirmation fee \$100 (due with 8<sup>th</sup> grade registration).

### TUITION FEES ARE NON REFUNDABLE

Registered Session: _____ Saturdays 5:30 – 7:00 PM _____ Sundays 12:30 – 2:00 PM  Check One:   Returning _____ New _____  Our envelope number is _____  Name of Public/Private school attending: _____  Grade your child be attending school: _____  Total children attending: _____	<b>**OFFICE USE ONLY**</b>  Grade Placement: _____  Saturdays 5:30 – 7:00 PM ___   Sundays 12:30 – 2:00 PM ___  Tuition: _____           Check #: _____  Sacrament Fee: _____       Check #: _____  Total Amount: _____       Cash: _____  Date: _____               Rcv'd By: _____  <b>Additional donations to defray the costs of the program are appreciated. THANK YOU.</b>
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Every effort will be made to meet your registered session; however, class size & early registrations will determine your session

Name of Student to be registered: \_\_\_\_\_  
First Name
Middle
Last

Student's E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month
Day
Year
City/State of hospital where student was born

Address:

PO Box #                      Street #                      Street Name                      Town                      State                      Zip Code

Home Phone Number      Cell Phone Number (Mom)      Cell Phone Number (Dad)                      **Parent's E-Mail**

Father's Last Name                      First Name                      Living/Deceased                      Religion

Mother's Maiden Name                      First Name                      Living/Deceased                      Religion

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Name if different from student: \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Guardian if applicable: \_\_\_\_\_

**Student Name** \_\_\_\_\_

Please note that each child in a family must have a complete registration form on file. Therefore, fill out all the sacramental information **the first time a child is registered**. The other sections must be updated annually.

**SACRAMENTAL HISTORY – For children Baptized in our parish please fill in date and church only.**  
(If student attended last year Sacramental information is on file- it is not necessary to complete again)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Date of Baptism                      Church of Baptism                      City                      State**  
*(Copy of Baptism Certificate must accompany this registration for all new & transferring students)*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Date of Penance                      Church of Penance                      City                      State**  
*(Grades 2 to 8 transferring from another parish must complete & attach letter of verification from previous parish)*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Date of First Eucharist                      Church of First Eucharist                      City                      State**  
*(Grades 2 to 8 transferring from another parish must complete & attach letter of verification from previous parish)*

**SPECIAL NEEDS – To be completed YEARLY**

Please indicate if your child has any special support needs such as: learning difficulties or medically related problems. This information is kept confidential and is used only to provide the best caring and learning environment for your child. Please circle all that applies:

ADD/ADHD    Medication    Food Allergy    Medical Condition    Other

**Special Services: IEP    In class support , No se habla Ingles en Casa?**

**Additional Explanation if needed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRANSFERRING STUDENTS ONLY**

Religious Education Program: \_\_\_\_\_

Parish Transferring From: \_\_\_\_\_

Parish Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Last Grade completed: \_\_\_\_\_ Year: \_\_\_\_\_ Letter Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

A letter from previous Religious Education Program stating that the applicant has successfully completed religious training up to the grade level you are requesting for applicant is required and must include verification of all sacraments received.