

# Trinity's CONFIRMATION REGISTRATION 2017-2018

Students

NAME \_\_\_\_\_

Last First Middle Likes to be Called

ADDRESS \_\_\_\_\_

Address City, State Zip Code

PREFERRED PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN 1 \_\_\_\_\_

CELL PHONE

# \_\_\_\_\_

WORK # \_\_\_\_\_

PARENT/GUARDIAN 2 \_\_\_\_\_

CELL PHONE

# \_\_\_\_\_

WORK # \_\_\_\_\_

PARENT/GUARDIAN E-MAIL(S) \_\_\_\_\_

STUDENT E-MAIL \_\_\_\_\_

STUDENT

CELL PHONE NUMBER \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

BAPTIZED? NO \_\_\_\_\_

YES \_\_\_\_\_

DATE \_\_\_\_\_

RECEIVING

COMMUNION? \_\_\_\_\_

WORSHIP SERVICE WE USUALLY ATTEND (used to assign acolyte or other special opportunities):

Give a brief description of your child (such as: quiet, loves sports, needs prodding to talk, likes music, etc.)

Any special needs/concerns of which we should be aware: