ST. CLARE'S
Spiritus
YOUTH MINISTRY

Confirmation Year 1_____Confirmation Year 2_____

Year 2023-2024

(PARENT 1 - MOTHER INFORMATION)

LAST NAME _____ FIRST NAME _____

MOTHER MAIDEN NAME_____ MARITAL STATUS _____

MAILING ADDRESS_____

CITY _____ ZIP CODE _____

CELL PHONE NUMBER _____ *Is this a primary number? YES / NO

HOME PHONE NUMBER _____ WORK PHONE _____

ROMAN CATHOLIC: YES _____ NO _____ OTHER _____

PARENT EMAIL ADDRESS_____

(to be used to communicate information about our program)

(PARENT 2 - FATHER INFORMATION)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS (if different from household) _____

CITY_____ZIP CODE_____

RELATIONSHIP TO CHILD _____ MARITAL STATUS _____

CELL PHONE NUMBER _____ OTHER _____

ROMAN CATHOLIC: YES _____ NO _____ OTHER _____

PARENT EMAIL ADDRESS_____

(to be used to communicate information about our program)

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Please note: By providing the email address and cell phone numbers of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.

_____ I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this parish organization.

Name of Parent of Guardian _____

Signature of Parent or Guardian _____

Date_____

STUDENT 1 – INFORMATION

LAST NAME _____ FIRST NAME _____

STUDENT EMAIL_____CELL #_____

DATE OF BIRTH _____ GENDER: MALE _____ FEMALE _____

GRADE (23/24 year) _____ AGE _____ Does child have an IEP? YES _____ NO _____

LIST ANY HEALTH ISSUES:

_____

SACRAMENTAL HISTORY- COPIES REQUIRED

Received BAPTISM: DATE _____ LOCATION_____

Received FIRST COMMUNION: DATE _____ LOCATION _____

STUDENT 2 – INFORMATION

LAST NAME _____ FIRST NAME _____

STUDENT EMAIL_____

DATE OF BIRTH _____ GENDER: MALE _____ FEMALE _____

GRADE (23/24 year) _____ AGE _____ Does child have an IEP? YES _____ NO _____

LIST ANY HEALTH ISSUES:

_____

SACRAMENTAL HISTORY-COPIES REQUIRED

Received BAPTISM: DATE _____ LOCATION_____

Received FIRST COMMUNION: DATE _____ LOCATION _____

(OFFICE USE ONLY)

Baptism certificate reviewed: YES _____ NO _____

Holy Eucharist certificate reviewed: YES _____ NO _____

Deposit received: AMOUNT CREDITED _____ DATE _____

Cash _____ Check # _____

Remaining Balance: _____