

1ST YEAR CONFIRMATION FORMATION REGISTRATION

HOLY SPIRIT PARISH AT GEIST
10350 Glaser Way Fishers, IN 46037
317-585-1264

Student's Full Baptismal Name _____ Male ___ Female ___

Date of Birth _____ Grade in School (fall '09) _____ School _____

Nickname _____ Student Email _____

**The eight mandatory class dates held on Sunday afternoons from 3:00pm – 4:45pm are:
August 16, September 27, October 11, November 22, January 10, January 31, February 21, March 21**

Our policy is mandatory class attendance of all eight classes, however, if one must be missed, Sunday, April 18th, 2010 is the scheduled make-up session. A parent is required to attend the make-up session with the candidate. Please review the class schedule and contact Samantha prior to class start with serious concerns.

Parents, please attend two of the three Parent Sessions scheduled for September 27, January 31 and March 21 held in PLC 51/53 from 3:15 to 4:30pm.

Please note any health or learning problems that would be helpful to the catechist:

Family Name _____ Father/Step-father _____ Mother/Step-mother _____

Address _____ City _____ Zip _____

Phone: Home _____ Father Work _____ Mother Work _____

Father Cell # _____ Mother Cell # _____

Emergency Contact: _____ Phone _____ Religion: Father _____ Mother _____

Parent Email _____ May we use for primary contact ___ Yes ___ No

Sacramental Information for 1st yr Candidate

Church, city and date of Baptism _____

Mother's Maiden Name _____

Confirmation Name _____ Sponsor Name _____

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FEE SCHEDULE: \$50.00 per child due the 1st year of Confirmation. This is a onetime sacramental fee and not affected by other religious education fees.

****FOR OFFICE USE****

check# _____ date received _____ 2009 amount paid _____