

**2<sup>ND</sup> 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 \_\_\_\_\_

Church, city and date of Baptism \_\_\_\_\_

Confirmation Year (circle one): 1 2

**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 18<sup>th</sup>, 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:

\_\_\_\_\_  
\_\_\_\_\_

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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

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**Sacramental Information for 2<sup>nd</sup> yr Candidate**

Mother's Maiden Name \_\_\_\_\_

Age on Day of Confirmation on May 14, 2010 (for 2<sup>nd</sup> yr candidates) \_\_\_\_\_

Confirmation Name \_\_\_\_\_ Sponsor Name \_\_\_\_\_

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**FEE SCHEDULE: \$25.00 per child - This is a sacramental fee and not affected by other religious education fees.**

\*\*\*\*FOR OFFICE USE\*\*\*\*

check# \_\_\_\_\_ date received \_\_\_\_\_ 2009 amount paid \_\_\_\_\_