

Parish registration # \_\_\_\_\_

2010-2011 YEAR

Date Entered \_\_\_\_\_ 2010

Class Conf 1- \_\_\_\_\_

# 1<sup>ST</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 '10**) \_\_\_\_\_ School \_\_\_\_\_

Nickname \_\_\_\_\_ Student Email \_\_\_\_\_

**The eight mandatory class dates held on Sunday afternoons from 3:00pm – 4:45pm are:  
August 22, September 12, October 17, November 7, December 12, January 9, February 13, March 6**

**Our policy is mandatory class attendance of all eight classes, however, if one must be missed, Sunday, March 20, 2011 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 12, January 9, and March 6 held in the Social Hall 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 1<sup>st</sup> yr Candidate**

Church, City and Date of Baptism (**please attach a copy the candidate's Baptismal certificate**)

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

Confirmation Name(if decided) \_\_\_\_\_ Sponsor(if decided) \_\_\_\_\_

**FEE SCHEDULE: \$50.00 per child due the 1<sup>st</sup> year of Confirmation.  
This is a one-time sacramental fee and not affected by other religious education fees.**

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

check# \_\_\_\_\_ date received \_\_\_\_\_ 2010 amount paid \_\_\_\_\_