

# 2016-2017 Saint Anne Parish Confirmation Registration Form

*Please read and initial the information in the column to the right.*

<b>Parent/Guardian Information</b>		Family Name: _____
Father's Full Name: _____		
Cell Phone: _____	Work Phone: _____	
Mother's Full Name: _____		Maiden Name: _____
Cell Phone: _____	Work Phone: _____	
Mailing Address: _____		
<i>Street</i>	<i>Town &amp; State</i>	<i>Zip</i>
Email Address: _____		Home Phone: _____
<b>Emergency Contact</b>		
Person other than Parent: _____		Phone: _____

## FIRST CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2016-2017: \_\_\_\_\_  Male  Female

### CONFIRMATION 1 (9TH GRADE OR FIRST YEAR)

Fall Program     Spring Program  
 Thursday 6:30p-8:00p  
 Sunday, 9:00-10:30a

### CONFIRMATION 2 (10TH GRADE OR SECOND YEAR)

Fall Program     Spring Program  
 Thursday 6:30p-8:00p  
 Sunday, 9:00-10:30a

Sacraments already received:

Baptism (Church: \_\_\_\_\_)     1st Reconciliation     1st Eucharist

## SECOND CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2016-2017: \_\_\_\_\_  Male  Female

### CONFIRMATION 1 (9TH GRADE OR FIRST YEAR)

Fall Program     Spring Program  
 Thursday 6:30p-8:00p  
 Sunday, 9:00-10:30a

### CONFIRMATION 2 (10TH GRADE OR SECOND YEAR)

Fall Program     Spring Program  
 Thursday 6:30p-8:00p  
 Sunday, 9:00-10:30a

Sacraments already received:

Baptism (Church: \_\_\_\_\_)     1st Reconciliation     1st Eucharist

**I understand that:**

*Registration forms may be returned by mail only when accompanied by full payment.*

*Registration forms with partial or in need of other arrangements, including scholarships, must be completed in the office with a faith formation staff member.*

*Registration forms received without payment will not be able to be processed.*

*Any outstanding fee from the previous year should be satisfied at the time of any new registration.*

\_\_\_\_\_

*Initials of Preparer*

**2016-2017  
Fee Schedule:**

**Program Fee:**  
 Per Child            \$75.00  
 Retreat:             \$25.00

**Non-Parishioner\***  
 Program Fee:  
 Per Child            \$125.00

- *Non Parishioner fee applies to those who wish to participate in the St Anne Faith Formation Program but are not a registered family at Saint Anne Parish.*
- *Registering in the Parish for the sake of the Faith Formation Program does not qualify you for the regular program fee until you have been registered parishioners for 1 year.*
- *Families newly relocated, by way of a new physical address, would be considered regular parishioners and the regular program fee would apply.*

# CANDIDATE COMMITMENT

**As a candidate for Confirmation, I agree to the following:**

- I understand that missing more than one class may mean re-doing the program the next year.
- I understand that I am required to attend a retreat.
- I understand that I am required to complete service hours or a service project.
- I will approach my Confirmation journey with an open mind and an open heart.
- I will be respectful of the leaders of the program and the other students.
- I will attend Mass every Sunday and on all holy days of obligation.
- I will receive the Sacrament of Reconciliation before my Confirmation.
- I will accept more responsibility in my family, parish, and community by putting my talents and gifts at the service of others.

As I make these promises, I ask God to give me the grace to be open to his plans for my life—plans he reveals to me in prayer, in my talents and aspirations, and in the encouragement of those who know and love me. I place myself in the loving embrace of the Father, Son, and Holy Spirit in asking for help in fulfilling this commitment.

\_\_\_\_\_

Name of Candidate (Print)
Signature of Candidate
Date

Witnessed by: \_\_\_\_\_  
 Signature of Candidate's Parent/Legal Guardian

**For Office Use:**

Date \_\_\_\_\_  
 Recv'd: \_\_\_\_\_

By Mail  
 In Office

Total Due: \_\_\_\_\_

Payment Recv'd: \_\_\_\_\_

Check # \_\_\_\_\_  
 Cash

Balance Due: \_\_\_\_\_

Registration taken by: \_\_\_\_\_  
*(Initialed)*

**VOLUNTEER SUPPORT**

Your support assists in providing a quality experience of faith formation for your child. Please indicate grade levels and areas that you would be willing to assist.

I am willing to help with Grade level: \_\_\_\_\_

I am willing to serve, where appropriate as:  
 Catechist/Teacher     Aid/Assistant

For Grades 1 through 4 specifically:  
 Walker (from School to the Classes on Tuesday or Thursday)  
 Babysitter (to assist others who can serve for such things as Catechist/Teacher, etc.)

My signature indicates that to the best of my knowledge the information I have provided on this registration form is accurate and true.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

**SCHOLARSHIPS**

Scholarship assistance is available on a limited basis and is considered on a case by case basis. Please talk with Pam Walsh for specifics and how to apply.

Return completed registration form along with payment to :

**Saint Anne Parish  
 Faith Formation  
 26 Emerson Avenue  
 PO Box 339  
 Hampstead, NH 03841**