

**Holy Rosary Parish
High School Confirmation Registration
2009-2010**

Candidate Name: _____ **Female** **Male**
Address: _____ **Birth date:** _____
City: _____ **Zip:** _____
Grade in School: _____ **School Attending:** _____
Parent/Guardian Name(s): _____
Address (If different from above) _____
City: _____ **Zip:** _____

Contact Information – Only fill in for types of communication that you use

Home Phone: (____) _____
Candidate Cell Phone: (____) _____ **Ok to Text Msg:** **Y** **N**
Candidate E-mail: _____
Parent Cell Phone: (____) _____ **Ok to Text Msg:** **Y** **N**
Parent E-mail: _____

Please fill out the following to the best of your ability. Answers will not determine participation in the Confirmation program but is helpful for our records. If a candidate has not been baptized or received first communion, then additional preparation outside of the Confirmation program will be necessary. Please return this form along with a check for \$140 payable to Holy Rosary on or before Friday, December 19th. As always, financial considerations should not preclude participation so scholarships are available for those that request. Please contact Lance Groesbeck at the Parish Office at (425) 778-3122 or lanceg@holyrosaryedmonds.org regarding this or any other questions that you might have.

Previous Religious Education at Holy Rosary? **Y** **N**

Candidate Has Received Baptism? **Y** **N**
(If other than Holy Rosary, we will need a copy of the baptismal certificate)

Where? _____ **Date:** _____

Candidate Has Received First Reconciliation? **Y** **N**

Where? _____ **Date:** _____

Candidate Has Received First Eucharist? **Y** **N**

Where? _____ **Date:** _____

We will be providing a contact list for participants to encourage connection beyond our sessions and the scope of our program. Do you give permission for your phone number and/or email address to be included? **Y** **N**

We plan on attending the Parent/Candidate Information meeting in the Holy Rosary youth room on Sunday, October 25th from 6:30-8:00pm. **Y** **N**

To be completed by Holy Rosary Staff

Date: _____ **Tuition Paid:** _____ **Received by:** _____