

# ***Saint Joseph Parish*** ***and Mission Church of St. Vincent de Paul***

9961 Elk Grove Florin Road, Elk Grove, CA 95624 • (916) 685-3681 • FAX (916) 685-7254

## **Confirmation Program**

### **2017-2018**

For Office Use Only

Received by: \_\_\_\_\_

Year 1 or Year 2: \_\_\_\_\_

Middle School or High School: \_\_\_\_\_

Entered into database by: \_\_\_\_\_

Baptismal Certificate:

Total Paid: \_\_\_\_\_

Please check box:  St. Joseph's Parish  Mission Church of St. Vincent De Paul  St. Elizabeth Ann Seton

#### **Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (in Fall 17): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Shirt Size: S M L XL XXL

#### **Religious Education Information**

Church of Baptism: \_\_\_\_\_

(attach recent copy of baptismal certificate)

Date of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

#### **Emergency Information**

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

#### **Parent Participation**

- I can help by donating supplies through the year
- I can help with fundraisers (set up, donations)
- I am interested in joining the CORE Team

#### **Sacraments Needed**

*Check all that apply*

- Baptism
- Communion
- Confirmation

Registration Fees (Check which applies):

- Year 1/7th grade** (1:8 and Edge/HS Sacramental Prep) \$90
- Year 2/8th grade** (1:8 and Edge/Hs Sacramental Prep) \$90
- Year 2 Sacramental Fee** (applies to each Sacrament) \$70
- Edge/ HS Sacramental Prep Only** (SEAS students, 6th grade at SVdP) \$30

I hereby understand all the requirements as necessary for my child to receive the sacraments of initiation and will commit to what is necessary for my child's life of faith which includes (attending mass every Sunday, transporting my children to and from Edge, and encouraging prayer and sacramental preparation)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will abide by all the rules and regulations of the youth ministry program and do what is necessary to complete my sacraments.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Schedule**

*Confirmation Program  
meets every Monday  
**except** the 1st Monday  
of the month.*