



Confirmation Registration - please fill out all pages.

Student Name _____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

School _____ Grade _____ Formation Grade: _____

Are you registered members of OLL Parish? Yes _____ Envelope# _____ No _____

If no, name of parish you are registered member of: _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Step Parent/Guardian's Name _____ Religion _____

Please Provide a copy of your students Baptism Certificate. We do not keep them on file from 1st Communion.

<u>Student Sacramental Record:</u>	<u>Name of Parish/Place</u>	<u>Date</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

Email correspondence to:

Name: _____ Email _____

Name: _____ Email _____

Contact During Class: Name _____ Phone _____

Emergency Contact: Name _____ Phone _____

Does your child take medication or need any special assistance ? If yes, please explain:

Person(s) authorized to pick-up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Custodial Information: Please complete if separated, divorced or a designated guardian. The parish must retain a copy of the legal agreement designating person[s] responsible for decisions related to faith of the child. The following person has legal authority for raising this child in the Catholic faith:

Name _____ Religion _____

Address _____ Phone _____

_____ Email _____

List all persons living in your home:

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

L.I.F.E. Program

Love, Infatuation, Friendship and Exploitation (LIFE) program will be offered during regularly-scheduled Sunday (English) and Wednesday (Spanish) classes. **At least one parent/guardian must attend with their child.** The program guides parents in talking to their children about relationships at age-appropriate levels and from a Catholic perspective. Parents/guardians may opt out their children. The Diocese of Orlando requires either participation in the LIFE program or completion of an opt-out form.

Please initial here _____ to confirm acknowledgement of LIFE program and receipt of an opt-out form.

Registering Parent/Guardian Signature

Date

OFFICE USE ONLY:

Grade _____ Catechist _____

Student[s] Name _____

Amount Paid: _____

Check # _____ Cash _____

One child \$0

Two children \$0

Three or more children \$0
