

LAST NAME: \_\_\_\_\_

## CONFIRMATION REGISTRATION 2018-2019

Please fill out all pages to the best of your knowledge. If you have questions please contact the Director of Youth Ministry, Aaron Myler at [AaronMyler@ollmlb.org](mailto:AaronMyler@ollmlb.org)

### STUDENT INFORMATION

Student's Full Name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_

### PARISH INFORMATION

Are you registered members of OLL Parish?

Yes \_\_\_\_\_, If **yes**, Envelope# \_\_\_\_\_

No \_\_\_\_\_, If **no**, name of parish you are registered member of: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

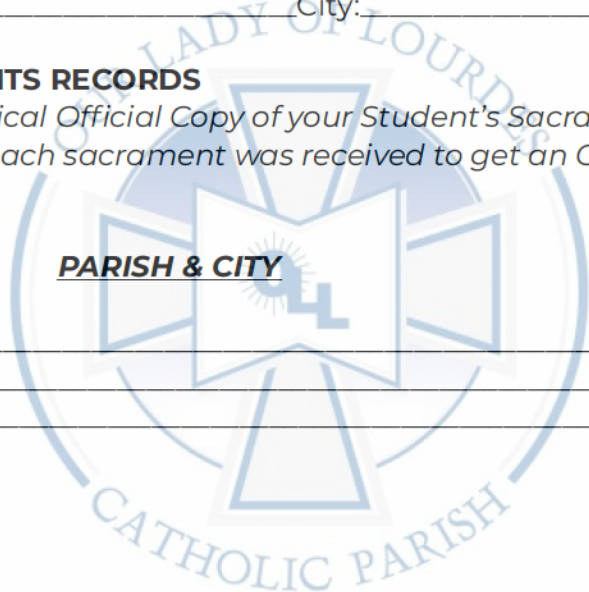
Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### STUDENT SACRAMENTS RECORDS

Please provide a physical Official Copy of your Student's Sacrament Certificates. You must contact Parish each sacrament was received to get an Official Copy of Sacrament.

	<u>PARISH &amp; CITY</u>	<u>DATE</u>
Baptism:	_____	___/___/___
Reconciliation:	_____	___/___/___
First Communion:	_____	___/___/___



**LAST NAME:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*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 Parents are Separated, Divorced or a 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.*

**If applies check one:** DIVORCED  SEPARATED  GUARDIAN

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

*List all persons living in your home: Name, Age, and Relationship to Child.*

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

8. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**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.

I (Parent/Guardian), \_\_\_\_\_ acknowledgement of LIFE program and receipt of an opt-out form.      **Initial Here:** \_\_\_\_\_      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Registering Parent/Guardian Print Name:**

\_\_\_\_\_

**Registering Parent/Guardian Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Student[s] Name: \_\_\_\_\_

Grade \_\_\_\_\_

Catechist: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

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

One child \$35 \_\_\_\_\_

Two children \$60 \_\_\_\_\_

Three or more children \$90 \_\_\_\_\_

