

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

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.

PARISH & CITY

DATE

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 \$0 _____

Two children \$0 _____

Three or more children \$0 _____