

St. Joachim – St. John the Evangelist Religious Formation
2 Oak Street
Beacon, New York 12508
Confirmation Registration 2016/17
CCD 845-831-6550 Parish Office 845-838-0915
The Confirmation fee is \$50.00 per child

Name: _____ Date of Birth: _____

Baptism:

Date: _____ Church: _____ City: _____ State: _____

Holy Eucharist:

Date: _____ Church: _____ City: _____ State: _____

School now attending: _____ Grade: _____

Parents:

Father's Name: _____

Mother's Maiden Name: _____

Address (where student resides) _____

Telephone Number: _____

Cell-phone Number: _____

Parish Registration:

Are you a registered parishioner at St. Joachim-St. John the Evangelist Parish? Yes _____

No _____

Please indicate any medical needs that your child may have and, or allergies.

Please indicate anything that may affect your child's ability to participate within this service.

Include behavioral problems, special needs and family relationships, such as separation, divorce, or remarriage. Please be as specific as possible. All information is

CONFIDENTIAL. _____

OVER:

St. Joachim – St. John the Evangelist Religious Education
2 Oak Street
Beacon, New York 12508
845.838.0915

Confirmation Community Service Permission Slip

Candidate's Name: _____

I, _____ (Please **Print** Parent/Guardian Name), give my child (listed above), permission to go with a representative of St. Joachim- St. John the Evangelist Church in Beacon, New York to Confirmation Service Sites. I understand that the transportation will be for the sole purpose of participating in the Confirmation Community Service Program.

Family E-Mail: _____

Parent's/Guardian's Signature _____

Date _____

Emergency Phone Number: _____

For Office Use Only:

Amount Due: _____ Amount Paid: _____ Balance Due: _____

Check#: _____ Cash: _____ Date Paid: _____