

# St. Vincent Confirmation/ Confirmation Registration Form 2011-12

Complete both sides of this form. Emails can be hard to read. Please print clearly.  
Forms due by Sept. 13 or 14 at the Parent/Student Orientation

Office use: \_\_\_\_\_, by \_\_\_\_\_

Name: \_\_\_\_\_  
First (formal) Middle I. Last

Nickname/Goes by: \_\_\_\_\_ Age: \_\_\_\_\_

Do you use email? \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: City/State \_\_\_\_\_

Street Address \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Check sacraments already received: Penance (confession)  First Communion  Baptism

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_ City, State: \_\_\_\_\_

If not baptized at St. Vincent de Paul Church, include a copy of the certificate

**Guardian Information:** Please check parent  or guardian

Father's Full Name: \_\_\_\_\_ (if guardian)

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Teen lives with: \_\_\_\_\_

Preferred Guardian to contact for regular email communications? Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Both \_\_\_\_\_

Full mailing address: \_\_\_\_\_

If different from above

Most of our communication will be through email. Please give us a valid email. Thank you!

**Sponsor:** If you know or by Jan. 1

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

Address: \_\_\_\_\_

Phones: \_\_\_\_\_ Email: \_\_\_\_\_

There will be Mass with Sponsor on Jan. 29 and one session with sponsor a week later, Feb. 5 both at 10:15 a.m.

**EMERGENCY AND MEDICAL INFORMATION**

In the event of an earthquake or other emergency, your child will be released to a responsible person as designated by you if you are unavailable. However, in the event the person you designate is unavailable, St. Vincent personnel will designate a responsible person. Persons besides yourself to contact in the event of an emergency:

1. \_\_\_\_\_  
Name phone numbers relationship

2. \_\_\_\_\_  
Name phone numbers relationship

Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Health insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ List Allergies \_\_\_\_\_

I, the parent (guardian) of the following named child, agree that in the event my child is injured while participating with St. Vincent's Church youth ministry, give my permission to the physician then present to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Parishioner:** You must be a registered parishioner of St. Vincent de Paul Church. See requirements under, Confirmation, Can I be Confirmed? , and other forms on the Church website

**Tuition:** Tuition is \$90. No one will be denied because of costs so call us for a scholarship if needed.

A way to cut costs is to help with classes. Can you help?  yes, \_\_\_\_\_

**Parent Help:** You will be asked to drive to and from our service projects, our retreat, and help to chaperone at night on retreat. Please mark your preference: Drive  Chaperone

If you have any questions regarding our program, please do not hesitate to call or email me.

We hope you have had a restful summer, and look forward to seeing you soon!

Louise Martin, Youth Minister

Go to: svdpch.org for all Confirmation forms

St. Vincent de Paul Parish

35 Liberty Street, Petaluma, CA 94952

Rectory Phone: (707) 762-4278 ext. 15

Hispanic Line: (707) 769-4195

Fax: (707) 763-8188

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