# St. Therese Church - 2013 Confirmation Program Registration Form

**7 Hunter Street, Succasunna, NJ 07876**

**Phone 973-584-8271**

**Please print clearly and provide all the information requested.**

**FAMILY CONTACT INFORMATION (Please indicate below how you would like your mail addressed)**

Parent/Guardian Name: _____

Mailing Address:_____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Email Address: _____

Registered in St. Therese Parish? _____ yes _____no

Religion: _____ _____

Father/Guardian Mother/Guardian

**STUDENT INFORMATION:**

| | |
|---|---|
| FIRST NAME: | LAST NAME: |
| BIRTHDATE: | PHONE: |
| CURRENT SCHOOL AND GRADE: | HIGH SCHOOL TO BE ATTENDED: |
| LIST ALL ALLERGIES: | LIST ALL MEDICAL CONDITIONS: |

| SACRAMENTS | CHURCH | LOCATION | YEAR |
|---|---|---|---|
| **BAPTISM** | | | |
| **FIRST RECONCILIATION** | | | |
| **FIRST EUCHARIST** | | | |

**The Confirmation Program Policy requires prior religious education. Please provide the following information as appropriate**:

**CATHOLIC GRAMMAR SCHOOL FROM** _____ TO _____, _____ TO _____

(Grade) (Grade) (Year) (Year)

**CCD CLASSES** **FROM** _____ TO _____, _____TO _____

(Grade) (Grade) (Year) (Year)

**TUITION**: **Initial Two Year Tuition: $125**

**Total Paid: _____ Check # _____ Cash _____**

The tuition payment is expected at the time of registration. Families experiencing financial difficulties are encouraged to contact Michael Harding to request alternate arrangements.

**ATTENDANCE POLICY:** All classes are mandatory. Missing two classes you will be required to attend a make-up session.

Parent/Guardian Signature: _____ Date: _____