

**St. John the Baptist Catholic Community
Confirmation Registration
2018-2019**

Confirmation Registration Fee = **\$100** (includes cost of materials for this program).

Attach a copy of candidate's **baptismal certificate** if child was *not baptized at SJB* or if you have *not sent in one during the past 4 years*.

Return completed registration form **with payment to: St. John the Baptist Parish Office** - 12319 New Hampshire Ave. - S.S., MD 20904

Confirmation curriculum will be covered in regular Faith Formation Classes and SJB School Religion Classes.

Additional components for Confirmation will take place in the Parish throughout the year.

Communication: All families will be signed-up automatically with Flocknote to receive free text message and e-mail updates: www.flocknote.com/SJBCatholicChurch

Last Name	First Name, MI	Gender	Birth Date	School	Grade in Sept.'18	Current Religious Program	Baptism Date/ Place	1st Eucharist Date/Place
						Catholic School 8 th Grade Religious Ed		

Father's Name	Father's Religion	Email Address	Home Phone	Work Phone	Cell Phone
Mother's Name	Mother's Religion	Email Address	Home Phone	Work Phone	Cell Phone

Mailing Address (please circle):

Mother Father Both Other: _____

_____ Street Address

_____ City

_____ State/Zip

- | | | |
|---|-----|----|
| 1. Is the family registered in the parish?
<i>-if you don't know, please call the Parish Office-</i> | YES | NO |
| 2. Is your child enrolled in 8th Grade Faith Formation/ Catholic School? | YES | NO |
| 3. Was your child enrolled in 7th Grade Faith Formation/ Catholic School? | YES | NO |
| 4. Do you need to apply for tuition assistance? | YES | NO |

(Please turn over)

OFFICE USE ONLY: Date Received: _____ Check #: _____ Amt: _____ Cash: _____ Parish Registration: _____
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**St. John the Baptist Catholic Community
Confirmation
Emergency Information Form
2018-2019**

Student's Name	Medication	Allergies	Describe any health issues.	Describe any learning or attention issues.	Does your child have an IEP or 504 Plan?	
					*Yes	No

*Please provide copy

Insurance Information:

Insurance Name: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

Person to Contact in case of emergency (if parent is unavailable): _____ Relationship to child: _____
 _____ Emergency Contact Phone # _____

Consent to Treat:

I authorize the staff of St. John the Baptist (salaried and/or volunteer) to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent nor guardian can be contacted. (St. John's staff may contact the Rescue Squad in emergency situations.)

Signature of Parent/Guardian: _____ Date: _____