



Confirmation Registration Form
St. John the Baptist Catholic Church

STUDENTS INFORMATION

STUDENT'S NAME FIRST MIDDLE LAST

GENDER (circle one) MALE FEMALE

ADDRESS

CITY ZIP CODE

E-MAIL ADDRESS

PHONE NUMBER GRADE IN FALL

CELL PHONE SCHOOL

BIRTH DATE

PRIMARY PARENT/GUARDIAN INFORMATION

MOTHER'S NAME FIRST MIDDLE LAST

FATHER'S NAME FIRST MIDDLE LAST

ADDRESS

CITY ZIP CODE

HOME PHONE WORK PHONE

PARISH ENVELOPE NUMBER

(THIS IS USED TO VERIFY PARISHIONER STATUS)

COMPLETE THE OTHER SIDE

OFFICE USE ONLY

1st YR CONF AMNT DUE \$70.00 AMNT PAID CASH CHECK # DATE

2nd YR CONF AMNT DUE \$130.00 AMNT PAID CASH CHECK # DATE

Medical Release
(Must be signed by Parent/Guardian)

I hereby give my consent to any emergency medical, dental or related care which may be needed and deemed necessary to my child while participating in classes or activities at St. John the Baptist Catholic Church Religious Education Program during the 2010-2011 school year. I understand a reasonable attempt will be made to contact me or the alternates listed on the reverse side of this form before the use of this consent is made.

Family Doctor: _____ Phone Number _____

Address: _____ Hospital: Queen Kaiser Other: _____

Parent Signature: _____ Date: _____

Emergency Information (List only friends/relative who live near Napa and can be easily reached by phone.)		
Emergency Name:	Home Phone:	Cell Phone:
Emergency Name:	Home Phone:	Cell Phone:

COMPLETE THE OTHER SIDE