

PARENT/GUARDIAN INFORMATION

This information is used to update the Parish Records

| | |
|--|--|
| Full Name _____ | Full Name _____ |
| Relationship: _____ | Relationship: _____ |
| Goes by/Nickname _____ | Goes by/Nickname _____ |
| Marital Status: M S D W | Marital Status: M S D W |
| Sacraments Celebrated: check those completed, list Date if known | Sacraments Celebrated: check those completed, list Date if known |
| Baptism _____ Reconciliation _____ | Baptism _____ Reconciliation _____ |
| Eucharist _____ Confirmation _____ | Eucharist _____ Confirmation _____ |
| Birth Date _____ | Birth Date _____ |
| Religion _____ | Religion _____ |
| Occupation _____ | Occupation _____ |
| Work Phone _____ | Work Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Your Email _____ | Your Email _____ |

Family Email (this is where we will send Program Info) _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

We Are Registered Parishioners at: _____ St. John _____ Other (Name) _____

If interested in volunteering, please put your name next to the way(s) you would like to help

_____ Small Group Facilitator _____ Retreat Chaperone

_____ Event Chaperone _____ Other

EMERGENCY CONTACT FOR FAMILY: We will always attempt to reach the parent first in case of emergency. If we cannot reach you, please provide an emergency contact.

Name _____ Phone _____

Relationship to Student _____

Program Fee of \$50.00 is due at the time of registration
Retreat Fee of \$150.00 is due by December 31, 2009.

If you have questions please contact Erica May at 301-662-8288 x1105 or
erica.may@stjohn-frederick.org

Please make your check payable to *St. John the Evangelist*. Return your check with this form to:

St. John the Evangelist – Confirmation Prep
112 E. Second St.
Frederick, MD 21701