



Blessed Sacrament Catholic Church
Religious Education Program
Confirmation Registration Form

(956) 722-1231 ext. 21

20_____ to 20_____

<input type="checkbox"/> <u>FIRST YEAR</u>
<input type="checkbox"/> <u>SECOND YEAR (20__ to 20__)</u>
<input type="checkbox"/> <u>Family Envelope #</u>

Name: _____ (Exactly as Baptism Certificate)

Date of Birth: _____ **Age:** _____ (must be 14 years old as of September 1st)

Place of Birth: _____

School: _____ **Grade:** _____

Student Phone #: _____ **Student e-mail:** _____

Parent's Information:

Father's Name: _____ **Cell #** _____

Mother's Maiden Name: _____ **Cell #** _____

Guardian: _____ **Relation:** _____ **Cell #** _____

Address: _____ **Zip:** _____

Does student have a medical or learning disability? YES ____ NO ____ **List:** _____

Any known Allergies: _____

Emergency Contact:

Name: _____ **Cell Phone:** _____ **Relation:** _____

SACRAMENT INFORMATION:

Sacrament	Date Received	Church	City & State
Baptism			
Holy Communion			

Should we need to initiate classes online does your child have access to:

A: computer/laptop tablet smartphone

B: Internet at home: Yes No

Please provide your e-mail address: _____

Registration Date: _____