Resurrection Parish Confirmation
Registration Form 2021

Student Information

Name: _____ _____ _____
First Name Middle Name Last Name

Date of birth: _____ Age: _____ Place of Birth: _____

School attending _____ Grade for 2021-22 _____

Which Parish are you Registered? _____

Which Church do you attend? _____

Mobile phone: _____ E-mail address _____

Please mark what sacraments you will need to receive

☐ Baptism ☐ 1st Communion ☐ 1st year Confirmation ☐ 2nd year Confirmation

Parent Information

Father's Name _____ Mobile Phone _____

Mother's Name _____ Mobile Phone _____

Home Address: _____ City: _____

Does your child have any learning disabilities? ☐ Yes ☐ No

If so, please explain _____

Does your child have Allergies? ☐ Yes ☐ No _____

Is your child taking any medications? ☐ Yes ☐ No _____

Emergency Medical Release

In case of medical or dental emergency, I _____ Give permission to the members of Zillah Resurrection Parish Religious Education team to seek any necessary treatment for my child _____. I will be liable for and agree to pay all cost and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. I am aware that private or public transportation will be used. I have read this parental permission and release and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

For Office use:

Baptism Certificate Received: **1st Communion Certificate Received:**