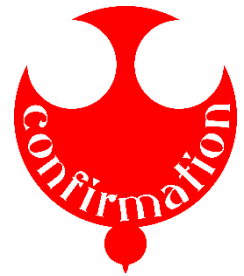




The Catholic Community of
St. Brendan & St. George

Confirmation Registration

2017-2018



(Please Print)

Child's Name: _____ Date of Birth: _____

Street Address: _____ Place of Birth: _____

City: _____ Zip Code: _____ High School: _____

Parent or Guardian Name: _____

Emergency Contact Number: _____

What Grade Level is your child attending in September 2017? _____

Sacramental Record:

(PLEASE ATTACH A COPY OF BAPTISMAL & FIRST COMMUNION CERTIFICATES)

Baptism Date: _____ Church Name and location _____

1st Communion Date: _____ Church Name and location _____

Does your child have any special needs? YES/ NO (Please, circle one).

If Yes, please explain:

Registration Fee

\$85 for two-year program

(Fee does not include retreat expenses)

Please return to:

Religious Ed. Department

154 E. 1st St. Clifton, NJ 07011

Office Use Only

Amount Paid: _____ Check #: _____

Note: _____

Needed Sacraments (circle)

*Baptism

* First Communion