



Our Lady of Mercy Parish

Confirmation Sacrament Program 2019-2020 Registration Form

9 Parsippany Road, Whippany NJ 07981 e-mail:OLMConfirmation@ourladyofmercyparish.com

FAMILY DATA Please *PRINT* all entries

Family Last Name _____ Family Home Phone # _____

Address Street _____ City _____ State _____ Zip _____

Email of Parent or Guardian(used for all communications) _____

Family Parish Membership: OLM _____ Other Parish _____

EMERGENCY CONTACT (Other than Parent) _____ **Home Phone** _____ **Cell Phone** _____

Name _____

STUDENTS DATA Please *PRINT* all

First Name _____ Date of Birth _____ Grade _____

Allergies or other cautions: _____

SACRAMENTS RECEIVED* Baptism Date: _____ Parish _____

Reconciliation Date : _____ Parish _____

First Eucharist Date: _____ Parish _____

***Please Attach a copy of the Baptism Certificate. This is mandatory for admittance into the program.**

PARENTS DATA Please *PRINT* all entries

Mother's Name: _____ Cell Phone _____ Email _____

Father's Name: _____ Cell Phone _____ Email _____

FEE SCHEDULE

____ 1st Child in Family \$100 ____ 2nd Child in Family \$75 Each Additional Child in Family \$50.00 # _____

Please add \$50 if you are a Non Registered OLM Parishioner.

10th grade please add an additional \$50 Sacrament Fee.

OFFICE USE ONLY

Fee Paid\$ _____ Date _____ Check # _____ Entered in DB by _____

Notes/Comments _____