



# ALL SAINTS CATHOLIC CHURCH

## Confirmation

530 Highway 274

P.O. Box 5443 – Lake Wylie, SC

☎ (803) 831 9095 - [faith-formation@bellsouth.net](mailto:faith-formation@bellsouth.net)

Confirmation Year: \_\_\_\_\_

Parish Registration # \_\_\_\_\_

### Family Information

Student's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Sacramental Checklist (new students **must** attach a copy of Baptismal Certificate)

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

### Placement & Tuition

• Is the student interested serving as **Altar Server**  YES  NO

• Tuition helps cover the cost of books, supplies, and activities:

Tuition \$ 40.00

• Additional \$30.00 Fee for **Annual Retreat**

TOTAL DUE \$ \_\_\_\_\_ (Please make checks payable to: ALL SAINTS CATHOLIC CHURCH)

### Local Emergency Contact

Parent/Guardian Full Name \_\_\_\_\_ Name of Physician \_\_\_\_\_

Special considerations to be aware of (i.e.: allergies, medical conditions, etc...) \_\_\_\_\_

If I (Parent/Guardian) cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child listed on this registration.

\_\_\_\_\_  
Signature of Parent/Guardian Date