

**HOLY GHOST CHURCH**  
Registration form for Religious Education

-CONFIRMATION-  
8<sup>TH</sup> GRADE THROUGH HIGH SCHOOL

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Name of Student: \_\_\_\_\_  
First Middle Last

 Student would like to take the class in: ☐ English ☐ Spanish

Name of School student is attending: \_\_\_\_\_

Grade Student will be in during 2025/2026 school year: \_\_\_\_\_

Sacraments Student has received: ☐ Baptism ☐ Reconciliation (First Confession)  
☐ Eucharist (First Communion)

Is your family registered at Holy Ghost? ☐ Yes ☐ No Envelope #: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Cell Phone #(s): \_\_\_\_\_ Texting: ☐ Yes ☐ No

Parent's E-Mail Address(es): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Address of Church of Baptism: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different then Child's: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation  
☐ Marriage (In the Catholic Church)

Name of Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different then Child's: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation  
☐ Marriage (In the Catholic Church)

Marital Status of Parents: ☐ Married in the Catholic Church ☐ Living Together  
☐ Married Civilly ☐ Widowed ☐ Divorced ☐ Separated

In Case of Emergency Please Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Saint for your Confirmation: \_\_\_\_\_  
(If you do not know yet, it is a good idea to start researching saints)

Please list any allergies, chronic conditions, illnesses or special needs the student has:

\_\_\_\_\_

*Holy Ghost Church may take and use photos of my child during class, retreats, and other events. These photos may be used in various publications of the Archdiocese, which includes the church bulletin board:*

Yes \_\_\_\_\_  
Signature

No \_\_\_\_\_  
Signature

I give permission for my child to take a class explaining how to protect themselves against abuse: Yes \_\_\_\_\_

Signature

No \_\_\_\_\_  
Signature

My child has permission to receive Religious Education instruction at Holy Ghost Church

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Registration Fee (Must be paid at the time of registration)**

\$60 per student for registered families

\$90 per student for Non-registered families

**A copy of the Certificate of Baptism, First Communion and the Birth Certificate must be turned in with the registration form**

**Confirmation is a Two Year Program**

#### **Office Use Only**

☐ Parish Member \$60    ☐ Non-Parish Member \$90    ☐ Cash    ☐ Check    ☐ Money Order    ☐ myEoffering:

Receipt #: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Baptism Certificate: ☐ Yes ☐ No    First Communion Certificate: ☐ Yes ☐ No    Birth Certificate: ☐ Yes ☐ No