



St. Augustine Church Confirmation Program 2017/20178 Registration Form

In september 2017 Confirmation II class **begins** with Sunday 5:00pm mass, class sessions will be 6:15pm – 7:45 pm. Class sessions will be held twice a month, Confirmation I class is 3:00pm-4:45pm, followed by mass at 5:00pm (mass attendance is mandatory for both Confirmation I and Confirmation II students. Missing mass counts as an absence)

Student's Name/Nombre de nino/a : _____

Student's Address/Direccion de casa : _____

Phone number /Telefono: () _____

Date of Birth/Fecha de nacimiento : ____/____/____

Place of Birth (city, state, country)/Lugar de nacimiento (ciudad, estado, pais)

Name of Public School/nombre de la escuela _____ Grade/grado de escolar : ____

Have you ever attended Religious Education at St. Augustine Church before? If so, what class were you last enrolled in? What was

Baptismal Information Date of Baptism: ____/____/____

Church: _____

Address: _____

City, State: _____

(Continuing Religious Education Students Only)

1st Communion Information Date of First Comm.: ____/____/____

Church: _____

Mother/Guardian Name/Nombre de mama/guardian

Mother's Cell/Celular/Mama () _____

Mother's Work#/Trabajo/Mama () _____

Email: _____

Address/Phone (if different from above)

Direccion (si es diferente a la de arriba)

Father/Guardian Name/Nombre de papa/guardian

Father's Cell/Celular/Papa () _____

Father's Work/Trabajo/papa () _____

Email: _____

Address/Phone (if different from above)

Direccion (si es diferente a la de arriba)

If parents are divorced, with whom does the child reside?/Si Estan divorciados con quien vive el niño/a:

For Office Use Only

Student's teacher's name: _____ (year two students)

Year one student _____ year two student _____

Medical Information/ Informacion Medica



Are there any chronic conditions or illness of which the Faith Formation Program staff should be aware (e.g., epilepsy, allergies, etc.)?

¿Su hijo/a padece de alguna condicion cronica o alguna enfermedad, de la cual el staff de educacion religiosa deba estar al tanto (ejemplo: alergias, epilsia, etc.)?

Is your child on regular, daily medication? If yes, name of medication?

Su hijo/a toma medicina regularmente, o a diario? Si, nombre del medicamento

In my absence, I hereby give consent to any St. Augustine staff member to provide all emergency care prescribed by a duly licensed physician for my child, _____. This care may be given under whatever conditions are necessary to preserve the life or wellbeing of my dependent.

En caso de emergencia autorizo al personal de la iglesia catolica de san agustin en culver city a proveer atencion medica si fuera necesario para mi hijo/a, _____

Parent's Signature/Firma del padre/madre _____

Address/Direccion _____

Phone number/Telefono (____) _____

Date/Fecha _____/_____/_____

For Office Use Only

Confirmation Year One fee: \$120 per student

Confirmation Year Two fee: \$230 per student (this fee includes the retreat fee)

Fee Paid Yes___ No___ Registered Parishioner: Envelope # _____

Amount Paid \$ _____ Check # _____ Receipt # _____ (For Cash Only) BALANCE FROM 2016/2017: \$ _____

Payment Plan: \$ _____ # _____/monthly payments = _____

Date: _____ Monthly Payment #1: \$ _____/Receipt/Chk. # _____ BALANCE _____

Date: _____ Monthly Payment #1: \$ _____/Receipt/Chk. # _____ BALANCE _____

Date: _____ Monthly Payment #1: \$ _____/Receipt/Chk. # _____ BALANCE _____

Saint's Name: _____

Sponsor's name _____