

St. Robert's Religious Education
1380 Crystal Springs Road ~ San Bruno, CA 94066
Phone 650-588-0477 Email: Reeduc@saintroberts.org

Confirmation Registration 2014/2015

Student's Information

Last Name _____ First Name _____
(Legal Name)

Home Address _____

Home phone number _____ Family Email: _____

Birth Date _____ City and State of birth _____

High School _____ Grade _____ (Fall 2014)

Sacraments

Please attach a copy of Baptismal Certificate and First Communion Certificate if sacraments were not received at St. Robert's

| Date | Parish where received |
|-----------------|------------------------------|
| Month/date/year | Name and City of Church |

Baptism: _____

Reconciliation: _____

1st Communion: _____

Family Information

Father

Last Name _____

First Name _____

Religion _____

Work Phone _____

Cell Phone _____

Address _____

City/Zip _____

Mother

Last Name _____

First Name _____

Maiden Name _____

Religion _____

Work Phone _____

Cell Phone _____

Address _____

City/Zip _____

Parent's Marital Status: (Please check one) () Married () Divorced () Widowed () Single

Tuition: \$110.00

Additional expenses: Confirmation Retreat, Year II

PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish and school or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine or of my spouse.

In the event we cannot be reached in an emergency, I/we hereby give permission for the Principal/Catchiest/Adult leader to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

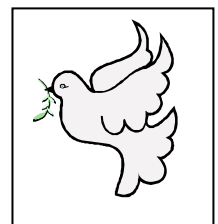
Person other than Parent to notify in case of emergency:

Name/Relationship_____ Phone:_____

Name/Relationship_____ Phone:_____

Does your child have any medical or learning problems we should be aware of?

This section is to be completed by the Religious Education Office only. Thank you.



Candidate's Name_____

Confirmation Name_____

Sponsor's Name: _____

Sponsor's Address: _____

Baptism Verified_____ 1st Communion Verified _____

Letter:_____ Retreat:_____ Saint Report:_____ Service Hours:_____

Age at Confirmation:_____

Confirmed by_____ Date_____