

Saint Margaret Church Office of Faith Formation and Religious Education

1098 Pawtucket Avenue

Rumford, RI 02916

Confirmation Registration Form

Registration fee: \$75.00 (covers both Confirmation 1 & 2)

Student's name _____
LAST FIRST MIDDLE INITIAL

Street address _____

City / State / Zip _____

Entering grade _____ School _____

Student's date of birth ____ / ____ / ____ Place of birth _____

Student lives with ____ Both parents ____ Father ____ Mother ____ Other: _____

Father's name _____
LAST FIRST MIDDLE INITIAL

Telephone (H) _____ (C) _____

Email address _____

Mother's name _____
LAST FIRST MIDDLE INITIAL MAIDEN NAME
(for sacramental record)

Telephone (H) _____ (C) _____

Email address _____

Allergies / Medical Conditions

Does your child have any allergies or medical conditions? ____ Yes ____ No

If yes, please explain: _____

Does your child receive special accommodations at school? ____ Yes ____ No

If yes, please explain: _____

Emergency Contact

Name _____

Relation to child _____ Phone _____

Saint Margaret Church Office of Faith Formation and Religious Education

1098 Pawtucket Avenue

Rumford, RI 02916

Sacramental Records

Church of Baptism (Name, city, state) _____

Date _____

Church of First Holy Communion (name, city, state) _____

Date _____

Siblings

Name _____

LAST

FIRST

GRADE

Name _____

LAST

FIRST

GRADE

Name _____

LAST

FIRST

GRADE

Signature of parent / guardian _____ Date _____

FOR ADMINISTRATIVE USE ONLY

___ Registration Paid Payment by ___ cash ___ check # _____

___ Parent Pledge Signed

___ Handbook Received