



8499 Virginia Avenue  
 Pasadena, Maryland 21122  
 Phone: 410-255-4646  
 Fax: 410 437-5191

**Confirmation  
 Student Information**

<b>PLEASE PRINT ALL INFORMATION CLEARLY</b>							
Family Name (if different from Student)		Student Last Name:			Student First Name:		
Phone Number		Email Address		(Circle one) Female Male		Date of Birth:	
School Attending in Fall	Current Grade	Home Address		City	State	Zip	
<b>PLEASE INCLUDE A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE WITH ALL REGISTRATIONS</b>							
Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist				Prior Religious Education <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes Where: <input type="checkbox"/> St. Jane Frances School <input type="checkbox"/> St. Jane Frances Religious Education <input type="checkbox"/> Other (list):	
Does this student have any special needs/physical disabilities?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please provide details			Medical Conditions (please list)		Allergies (please list)	
Date of Baptism:	Baptism Name	Godmother		Godfather		Place of Baptism and address	
Date of Penance	Place of Penance						
Date of First Eucharist	Place of First Eucharist and Address						

Candidates must be registered members of St. Jane Frances Church- Is the family registered? Yes or No? Env. #: \_\_\_\_\_  
 A Parish Census card must be completed for those families wishing to register at this time.

**\*\*\*PLEASE COMPLETE THE OTHER SIDE\*\*\*\***



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<b>Family Information</b>				
Father's Name	Date of Birth	Marital Status	Religion	
Father's Place of Employment	Work Number	Occupation	Email Address:	
Mother's Name	Date of Birth	Marital Status	Religion	
Mother's Place of Employment	Work Number	Occupation	Email Address:	

Please list Biological Parents Information if different from above. For verification of Baptismal Records and Recording of Confirmation Records only

Father's Name	Mother's Name	Mother's Maiden Name	Guardian's Name	Guardians' Date of Birth
Guardian's place of employment	Guardian Work Number	Guardian's Occupation		

Additional Family			Members-Optional		
Name	Sex	Date of Birth	Name	Sex	Date of Birth

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Confirmation Program Fee: \$200.00 includes overnight retreats, books, transportation to/from retreats, and classroom supplies.  
 A Non-refundable deposit of \$75.00 per child is required at the time of registration. Balance will be due by the first day of class.**

<b>FOR OFFICE USE:</b>			
Amount Paid at Registration	Balance Due	Payment	
		Cash    Check:	