

Request for Enrollment in the 2018 Confirmation Program

St. Mary's Faith Formation Office

2 St. Mary's Hill
Lancaster, NY 14086
(716) 683-8564
theresec@stmarysonthehill.org

Name: _____ / _____ / _____
Candidate's Last Name First Name Middle Name

Address: _____ City: _____ Zip: _____

Primary or home phone #: _____ Candidate cell #: _____

Primary parent email address: _____
(please list an email address that is checked regularly)

Candidate email address: _____

Father's name _____ Cell # _____

Mother's name _____ Cell # _____

Guardian (if other than parents): _____ Step-Parent: _____

Parent mailing title (please circle) M/M Mr. Mrs. Ms. Other: _____

This enrollment form, along with a \$70 Confirmation fee (which covers retreat, materials, and celebration) are due by **June 1, 2018**.

By signing this registration form, you agree that any photographs may be used for the parish's written or electronic publications. To opt out of photographs, initial here: _____

Candidate signature: _____ Date: _____

Parent Signature: _____ Date: _____

For office use only Date enrollment form received _____

Amount enclosed _____ Cash _____ Check # _____ Received by _____