



500 NE 16<sup>th</sup> Ave.  
352-372-4641

### ***Registration for Confirmation Classes***

**PRINT CLEARLY AND COMPLETE ALL SECTIONS**

Student's Full Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Grade in School: \_\_\_\_\_

Street Address/Zip Code: \_\_\_\_\_

Father	Mother
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Special Needs: \_\_\_\_\_  
(Allergies, Medications, Disabilities, Etc.)

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**My Child was Baptized** on \_\_\_\_\_ at \_\_\_\_\_  
Date: Month/Year Parish or City/State

- Please provide a copy of your child's Baptism certificate

**My Child Received First Communion** on \_\_\_\_\_ at \_\_\_\_\_  
Date: Month/Year Parish or City/State

I agree to bring my son/daughter to classes as scheduled and support their Catholic education by attending Mass weekly.

Parent/Legal Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION FEES:**

**\$20 for student workbook to be used for the next 2 years**

**Please make checks payable to "St. Patrick Catholic Church"**

**Please contact Jessica Bailes with any questions at [youthministry@spccgnv.org](mailto:youthministry@spccgnv.org)**

**Or Father Lawrence at [lpeck@spccgnv.org](mailto:lpeck@spccgnv.org)**