



CATHEDRAL CHAPEL of St. Vibiana

Church: 923 South La Brea (cross street Olympic Blvd.), Los Angeles, CA 90036

CONFIRMATION PROGRAM REGISTRATION FORM 2010-2011

\*\*\* PLEASE SUBMIT ON OR BEFORE SEPTEMBER 24, 2010 \*\*\*

Please circle Level 1 / 2 (Please print or type) Today's date \_\_\_\_\_

Participant's name \_\_\_\_\_ Home Phone \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_
Last First Middle

Fathers's name \_\_\_\_\_ Religion \_\_\_\_\_
Last First Middle

Emergency Contact (Name, Relationship) \_\_\_\_\_

Email & Work/Home Number of Emergency Contact: \_\_\_\_\_

Name of participant's School \_\_\_\_\_ Grade level \_\_\_\_\_

Participant's birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Total years of formal religious education (Catholic schools or parish religious education programs) \_\_\_\_\_

Complete date Baptism was celebrated \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and complete mailing address of parish where baptized (Submit a copy) \_\_\_\_\_

Has First Eucharist been celebrated? Yes \_\_\_\_ (Submit a copy) No \_\_\_\_ First Reconciliation? Yes \_\_\_\_ No \_\_\_\_

Is your Family registered in our Parish? Yes \_\_\_\_ No \_\_\_\_ Do you need registration materials? Yes \_\_\_\_ No \_\_\_\_

To whom shall we address correspondence regarding the participant? \_\_\_\_\_

Mode of transportation for the participant: Automobile \_\_\_\_ Walking \_\_\_\_ Bus \_\_\_\_ Other \_\_\_\_

Is there any other information that you think would be of value to us? All information will be treated with confidentiality \_\_\_\_\_

Registration costs for the Confirmation program: \$75.00 for each child, make check payable to Cathedral Chapel.

Please note that for the retreat will be an additional fee that is determined by the retreat location and the number of participants. (No one is ever denied religious education because of lack of money to pay fees. If any of the fees is ever a difficulty, please speak with the coordinator.)

(Complete only after parent meeting)

Name of sponsor \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Office use only) Method of payment:
[ ] Paid in full [ ] Partial payment \$ \_\_\_\_\_
Cash \_\_\_\_\_ Check # \_\_\_\_\_
Class of Year \_\_\_\_\_

Mailing address: 926 South Detroit Street, Los Angeles, CA 90036

Tel: (323) 930-5976/77 + Fax: (323) 935-7308 + E-mail: parish@cathedralchapel.org + Website: www.cathedralchapel.org