

# Saint Mary Parish Confirmation Preparation 2017-18

Meetings held at St. Mary Church Hall (5 Hillhouse Avenue, New Haven)  
1<sup>st</sup> and 3<sup>rd</sup> Sundays of each month, 6:15 – 8:00 PM

Choose one: 1<sup>st</sup> year Confirmation prep \_\_\_\_\_ 2<sup>nd</sup> year Confirmation prep \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Number Street Town Zip

Child's Age on September 15<sup>th</sup> 2017 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ parent email(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Last First

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Maiden First

## SACRAMENTAL INFORMATION

Baptism Date \_\_\_\_\_ (for new registrations, please supply a *copy* of Baptismal Certificate)

Church Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion Date \_\_\_\_\_ (for new registrations, please supply a *copy* of First Communion Certificate)

Church Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## MEDICAL INFORMATION (allergies, asthma etc.) and/or special considerations of which we should be aware

## EMERGENCY CONTACT (person who has permission to pick-up child if we are unable to reach parents)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please enclose a check payable to "St. Mary Parish" with this form and mail (or deliver in person) to  
St. Mary Parish Office, 5 Hillhouse Ave., New Haven CT 06511

**FEES (all levels)** Registered St. Mary Parishioners (incl. St. Joseph) \$50/child or \$90/family  
Non-parishioners \$75/child or \$120/family

Registration will never be denied due to inability to pay. Please contact the parish office. All inquiries will remain confidential.