

**St Jude Thaddeus Church**  
**2018-2019 Confirmation REGISTRATION**

**PAYMENT AND REGISTRATION FORM**  
**DUE: ON OR BEFORE April 30, 2018**

**Candidate/ Family Information**

Candidate's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Candidate's High School (Fall of 2018): \_\_\_\_\_ Grade: \_\_\_\_\_

**Family Faith Formation History – Last Grade Completed:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_

FATHER'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
(Maiden) (Last)

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

Home Phone: \_\_\_\_\_ Primary Cell: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

**Please put an (\*) next to primary e-mail for communication.**

**EMERGENCY CONTACT INFORMATION**

Mother's Business Phone: \_\_\_\_\_ Father's Business Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Emergency Contact Phone/Cell: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: ST. JUDE CHURCH**

**Tuition Fees:**

- 1 Child - \$150;
- 2 Children - \$225
- 3 Children - \$275.00
- Add Sacrament Fee for 10<sup>th</sup> Grade \$25
- Registration Received after April 30, 2018 will receive a \$25.00 late fee

Tuition payment is expected at time of registration. Families experiencing financial difficulties are encouraged to contact the Director of Faith Formation Laurice Bonannella at (973) 691-0317 to discuss. Finances should never come in the way of a child’s participation in our Faith Formation program.

**Photo Release:** I give permission for my child/ren to be photographed during class times and other program events. I understand that these images may be used in a display inside church property and/or posted on the parish website, and/or may be submitted to local newspapers.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SACRAMENT HISTORY:**

A copy of your child’s Baptismal certificate must be submitted to the Christian Faith Formation Office.

DATE OF BAPTISM: \_\_\_\_\_ PARISH: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

DATE OF FIRST EUCHARIST: \_\_\_\_\_ PARISH: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

**Does your candidate have any special needs (Allergies/Medical Conditions, Learning Disabilities, etc.) Please be specific.**

**VOLUNTEER OPPORTUNITIES**

**Please check all areas that you are considering. We welcome your participation in the program.**

- Catechist     
  Co-Catechist     
  Youth Ministry Aide  
 Occasional Assistance – Special Projects, Events

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_