

**Confirmation I 2009-2010**  
(No previous Confirmation Preparation Classes)  
**Registration Form**

Student's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ is student able to receive text messages? **Y / N**

Adult T-Shirt Size: S M L XL 2XL

Any Allergies? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Student's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade Level: \_\_\_\_\_ School Attending: \_\_\_\_\_

Were you a registered member of SSM last school year? \_\_\_\_ yes \_\_\_\_ no

If no, which parish were you a member of last year? \_\_\_\_\_

**Last Year's Christian Formation Program (check all that apply):**

\_\_\_\_ BLAZE      \_\_\_\_ Catholic HS Student

\_\_\_\_ Home Schooled (curriculum used \_\_\_\_\_)

\_\_\_\_ Other: \_\_\_\_\_

**Preferred Family Email**

**Email:** \_\_\_\_\_

**(NOTE: This will be our **primary** form of contact for both parents & youth.)**

Dad's Work E-mail: \_\_\_\_\_ Mom's Work E-mail: \_\_\_\_\_

Student's E-mail \_\_\_\_\_

**Please return this completed form ASAP to:**

**Suzanne Flach**

**1544 S. Battlefield Blvd. Chesapeake, VA 23322**

**Contact Suzanne at 421-7416 (Office) or [Suzanne@ssmrcc.org](mailto:Suzanne@ssmrcc.org) if you have questions**

Fee: \$60 - Payable to St. Stephen Martyr (please note "Confirmation I" in the memo section of your check)

Payment method:      \_\_\_\_\_ Check #      \_\_\_\_\_ Cash      \_\_\_\_\_ E-giving