

**Confirmation II 2009-2010**  
(Has completed one year of Confirmation Preparation)  
**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: \_\_\_\_\_

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

If no, what 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: \_\_\_\_\_

**Please write your child's name as you wish it to appear on his/her certificate:**

\_\_\_\_\_

**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 if you have questions**

Fee: \$160 - Payable to St. Stephen Martyr (please note "Confirmation II" in the memo section of your check)

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