

## **Confirmation**Student Registration

Please IIII out both sides o	i this form;	Registration dea	adiine is wedne	sday, September 20
Full Name of Youth	First	Middle	Last	
Date of Birth	Grade	School		
Primary Address				
Street		City		ZIP
Parent's Name(s) at Primary	/ Address			
	(st	ate relationship to ch	nild)	
Name & Cell #		Name &	Cell #	
Parent Email		Youth E	Email	
Shirt Size (adult sizes) Sm	nall Mediur	n Large X-Larg	je	
If applicable: If parents are divorced/sep	arated: vout	h's living arrange	ments are	
pa. ee. a. e a. v e. eea, eep	aracou, your			
Parent's Name(s) at Second	lary Addres	s		
		(state relationship to		
Home Phone #				
Please check the appropri	ate box:			
Youth has bee	n baptized		Youth has <b>NO</b> T	been baptized