

CONFIRMATION COORDINATORS

VIRGINIA SAMOSKY
SAINT BLAISE PARISH
772 OHIO AVENUE
MIDLAND, PA 15059
faithformation@stblaiseparish.com

MARY ANN SCHWEITZER
SAINT MONICA PARISH
116 THORNDALE DRIVE
BEAVER FALLS, PA 15010
maschweitzer@saintmonicaacademy.org

FOR OFFICE USE
Date received:
Fee received:

CONFIRMATION PREPARATION (GRADES 7-9)
FAITH FORMATION REGISTRATION 2019-2020

This is a: [] New Registration—Please attach a copy of the youth’s Baptism Certificate
[] Returning Registration

PROGRAM INFORMATION – CHECK THE BOX OF THE PROGRAM YOU ARE REGISTERING FOR

[] Saint Monica Locations—Program meets twice a month on:
First Mondays, 6:30-8:30 PM @ St. Monica Parish Founders Hall (116 Thorndale Drive, Beaver Falls)
Third Sundays, 9:00-10:15 AM @ Saint Monica Catholic Academy (609 10th Street, Beaver Falls)

[] Saint Blaise Location—Program meets weekly on:
Wednesdays, 6:00-7:15 PM @ St. Blaise Parish Upper Room (772 Ohio Avenue, Midland)

Materials Fee: \$50 per person, Grades 7 & 8 (No fee for 9th Grade, Confirmation year)
Registration for Saint Monica program locations: Make checks payable to Saint Monica Parish
Registration for Saint Blaise program location: Make checks payable to Saint Blaise Parish
No child will be denied Faith Formation because of an inability to pay. Should this fee cause a financial hardship, please contact the Confirmation Coordinator at the location where you are registering.

STUDENT INFORMATION

Student’s Name: Date of Birth:
Street Address: Home Phone:
City, State, Zip: School District:
You may share the following information with my child’s catechist: [] Address [] Phone [] Email [] All
Grade for 2019-2020 (circle one): 7 8 9/Confirmation Year
Special Needs (please include food allergies):

FAMILY INFORMATION

Father’s Name:
Mother’s Name: Mother’s Maiden Name:
Parish Registration: Yes, we are registered members of SAINT BLAISE or SAINT MONICA Parish (circle one)
No, we are registered at (Name and City, State of Parish)
Who is responsible for the ongoing faith formation of this child? Both Parents Mother Father Guardian
What email address should we send program information to?
Any family concerns we should be aware of (e.g. custody/legal issues)?

IN CASE OF EMERGENCY

1st Contact Name (Relationship): Phone:
2nd Contact Name (Relationship): Phone:

Table with 5 columns: SACRAMENTS, Received?, Date, Church, Address (City, State). Rows include Baptism, Reconciliation, and Eucharist.

Please return this form with the annual materials fee and a copy of your child’s Baptism certificate (if not previously provided) to the Parish Office where you are registering. Thank you!