



THE CHURCH OF THE NATIVITY
TWO-YEAR CONFIRMATION PROGRAM REGISTRATION FORM

6/30/17

Please print, fill-out and return this completed form and registration fee of \$95.00 (check payable to Nativity School of Religion) and mail to Mrs. Monica Hickam ♦ Nativity School of Religion ♦ 1250 Laurel Street ♦ Menlo Park, CA 94025
Please direct any questions to Mrs. Hickam at (650) 853-1009

CHECK ONE: NEW STUDENT - YEAR ONE CONTINUING STUDENT - YEAR TWO

Student Information - please print

Student's Name _____ Boy Girl

School _____ Grade _____ Date of Birth ____ / ____ / ____

Home Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Parent's home email address _____

Emergency Contact Name _____ Emergency Phone Number _____

Medical Notes _____

Parent/Guardian Information

Father's Name _____ Religion _____

Address _____ City/State _____ Zip _____

Occupation _____ Work Phone _____

Father's work email address _____ Cell Phone _____

Mother's Name _____ Religion _____

Address _____ City/State _____ Zip _____

Occupation _____ Work Phone _____

Mother's work email address _____ Cell Phone _____

Is there a legal guardian? _____ Legal Guardian's Name _____

Address _____ City/State _____ Zip _____

Relationship to Student _____ Phone _____ Cell Phone _____

Sacrament Information (if you are new to Nativity, kindly provide us with a copy of the Baptismal Certificate)

Baptism Date ____ / ____ / ____ Parish _____ City/State _____

1st Reconciliation Date ____ / ____ / ____ Parish _____ City/State _____

1st Eucharist Date ____ / ____ / ____ Parish _____ City/State _____

FOR OFFICE USE ONLY

Baptismal Certificate on File _____

Year of Confirmation _____

Date Received ____ / ____ / ____

Paid _____

Posted to Student Rosters _____