

San Secondo d'Asti Roman Catholic Church
Office of Catechetical Ministry – Email: sansecondo.ccd@gmail.com
Confirmation Registration Year _____

Family Last Name: _____ **Date:** _____

Parent Information

Father's Full Name _____ Father's Cell# _____

Mother's Full Name _____ Maiden Name _____

Mother's Cell# _____

Address _____ City/ Zip _____

Home Phone # _____ Email _____

➤ *Do you attend Mass weekly? Yes / No* *Name of Parish family attends* _____

1st Student's Name _____ **Gender:** M / F **Grade in SEPT** _____

DOB ___/___/_____ Age _____ Date of Baptism ___/___/_____

Church of Baptism City & State _____

Has student received First Communion? Yes / No Year _____ Years of Religious Education? _____

Special Needs? (Medical, emotional , Behavioral) _____

Do you attend Mass weekly? Yes / No Parish Name _____

(Sacrament certificates required if you are a new student)

*****Office use only*****

Traditional Homeschool	Virtual Classroom	CONF 1	CONF 2	CONF 3
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Sacrament Certificates on File: Baptism _____ FHC _____

2nd Student's Name _____ **Gender:** M / F **Grade in SEPT** _____

DOB ___/___/_____ Age _____ Date of Baptism ___/___/_____

Church of Baptism City & State _____

Has student received First Communion? Yes / No Year _____ Years of Religious Education? _____

Special Needs? (Medical, emotional , Behavioral) _____

Do you attend Mass weekly? Yes / No Parish Name _____

(Sacrament certificates required if you are a new student)

*****Office use only*****

Traditional Homeschool	Virtual Classroom	CONF 1	CONF 2	CONF 3
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Sacrament Certificates on File: Baptism _____ FHC _____

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Amount Due: _____ **Amount Paid:** _____ **Balance Due:** _____

Cash: _____ **Check#:** _____ **Reminder Notice** _____