



# CONFIRMATION STUDENT REGISTRATION HOLY FAMILY AND SACRED HEART PARISHES



Student's Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
May class cancellation notice be sent via text message to this phone? (circle: Yes No)

Mother/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
May class cancellation notice be sent via text message to this phone? (circle: Yes No)

Student's Confirmation Name (if already selected): \_\_\_\_\_

Sponsor's Full Name (if sponsor has been selected): \_\_\_\_\_  
I understand that my sponsor must be an active, registered member of a Catholic church.

I understand that as part of preparation for Confirmation, students must complete 20 service hours for the church during this school year. Service hours include volunteering at: mass as a server, lector, usher or choir member; community food pantry; mission store; parish events (e.g., Fall Festival, Spring Fling); etc. Confirmation instructors will advise students of opportunities for service hours throughout the year. I understand that in order to receive credit, service hours must be approved by the class instructor, properly documented, and signed by a supervisor at each location.

**Students:** Please indicate below whether you are willing to volunteer at mass.

I am willing to serve at mass on: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ at (circle: Holy Family Sacred Heart)  
I am willing to lector at mass on: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ at (circle: Holy Family Sacred Heart)  
I am willing to be an usher at mass on: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ at (circle: Holy Family Sacred Heart)  
I understand that I am expected to attend mass every Sunday.

Student Signature: \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_

**CLASS FEE:** \$50.00 per student. Make Checks payable to Holy Family Parish. Financial assistance is available.  
Please see Fr. Sebastian for details.

**Please return this form with payment to:**  
Holy Family Parish Office  
223 Maple Street, Arcadia, WI 54612

Appointment with Fr. Sebastian Scheduled:  
\_\_\_\_\_

Office Use Only		
Check	Cash	Received by: _____
Chk # _____		Date: _____
Amt: _____		