

**TEENAGERS CONFIRMATION PROGRAM**

**Registration Form**

**2019-2020**

*The Cathedral Of Saints Peter And Paul*

30 Fenner St. Providence, RI 02903. (401) 331-2434



Student's name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parish/ Date of Baptism: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Student resides with: \_\_\_\_\_ both parents/ \_\_\_\_\_ Mother/ \_\_\_\_\_ Father

Mother's first name: \_\_\_\_\_ Full MI: \_\_\_\_\_

Last name: \_\_\_\_\_ Full Maiden name: \_\_\_\_\_

Cell# \_\_\_\_\_

e-mail address: \_\_\_\_\_

Father's first name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are you parishioners of the Cathedral: \_\_\_\_\_ YES \_\_\_\_\_ NO

If not what Parish are you registered?: \_\_\_\_\_

Does the student have any allergies (food, environment, medicine, etc.)?

If so, explain:

\_\_\_\_\_

In case of emergency please indicate the person we should contact:

Full Name : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*IMPORTANT: Please attach a copy of the Baptismal certificate and First Holy Communion if the Sacraments were made.**

**SPONSOR: Please attach a copy of the Baptismal certificate, First Holy Communion and Confirmation. \*Classes begin on TUESDAY, OCTOBER 8<sup>TH</sup> from 5:45 to 6:45 p.m**

***\*Please complete this form and mail it to 30 Fenner St. Providence RI, 02903.***

***TEENS CONFIRMATION PROGRAM. Attention: Sister Elizabeth Castro***