

Confirmation - First Year

Name: (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_

Address: \_\_\_\_\_, San Antonio, Texas 782\_\_\_\_\_

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

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Legal Guardian (if other than Parent): \_\_\_\_\_

Grandparent ( ) Aunt/Uncle ( ) Brother/Sister ( ) Other ( ) \_\_\_\_\_

Do you have legal documentation? ( ) yes ( ) no

Baptism

Has your child been baptized? ( ) yes ( ) no

If so, please give name of church \_\_\_\_\_

Medical

Does your child have any medical condition(s) and/or learning disabilities that require special attention?

If so, please list (be specific): \_\_\_\_\_

Initial Fee: \$30.00 \_\_\_\_\_

Paid in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

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Address: \_\_\_\_\_, San Antonio, Texas 782\_\_\_\_\_

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Grandparent ( ) Aunt/Uncle ( ) Brother/Sister ( ) Other ( ) \_\_\_\_\_

Do you have legal documentation? ( ) yes ( ) no

Baptism

Has your child been baptized? ( ) yes ( ) no

If so, please give name of church \_\_\_\_\_

Medical

Does your child have any medical condition(s) and/or learning disabilities that require special attention?

If so, please list (be specific): \_\_\_\_\_

Initial Fee: \$40.00 \_\_\_\_\_

Paid in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Personnel: \_\_\_\_\_ Date: \_\_\_\_\_