



**OUR LADY OF THE LAKE
ROMAN CATHOLIC COMMUNITY
SPARTA, NEW JERSEY
TENTH GRADE
CONFIRMATION 2ND Year REGISTRATION FORM**

For Internal use only:
Sponsorship Form: _____
Confirmation name form and name: _____
Baptism Form if needed _____
Service Hours (15 hours total) _____

DATE: _____

CANDIDATE INFORMATION *(please print legibly)*

LAST NAME: _____ FIRST NAME: _____

GRADE: _____ HIGH SCHOOL: _____ TOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ Shirt size for retreat _____

CHURCH OF BAPTISM _____
(full name and address of church if possible)

MOTHER'S MAIDEN NAME: _____

E-Mail Address _____

PARENT/GUARDIAN INFORMATION *(please print legibly and please do not use nicknames)*

LAST NAME: _____ HOME PHONE: _____

ADDRESS: _____ MOTHER: _____ WORK PHONE: _____

TOWN & ZIP: _____ FATHER: _____ WORK PHONE: _____

****Please fill out important information on the reverse side****

IT IS ESSENTIAL THAT WE BE MADE AWARE OF ANY EDUCATIONAL OR PHYSICAL SPECIAL NEEDS YOUR CHILD MAY HAVE. PLEASE INDICATE THIS INFORMATION BELOW.

ALLERGIES TO DRUGS OR FOOD:

OTHER SPECIAL MEDICATION OR PERTINENT MEDICAL INFORMATION:

Will you allow us to take photos of your teenager for the OLL Website and bulletin to promote Confirmation, DOGMA retreat and church gathering?

MEDICAL RELEASE FORM

IN CASE OF EMERGENCY, CONTACT: _____ PHONE: _____

DOCTOR'S NAME: _____ TOWN: _____

PHONE: _____

HEALTH INSURANCE COMPANY: _____

POLICY #: _____ ID#: _____

In the event of an emergency, where medical treatment is required, I give permission to Our Lady of the Lake Church in Sparta, NJ, its staff & volunteers, to obtain the services of a licensed physician. Our Lady of the Lake Church will immediately attempt to contact the parent/guardian or emergency.

Signature of Parent/Guardian: _____ **Date:** _____

****Please fill out important information on the reverse side****