

Confirmation Registration Form

PERSONAL	Christian Name	
	Surname	
	Date of Birth	
	Parents'/Carers' Names	
	Candidate's School	
	Home Address	
CONTACT DETAILS Any reminders or information will be sent by email or text messages.	Home Phone Number	
	CANDIDATES EMAIL ADDRESS (Please print clearly)	
	CANDIDATES MOBILE NUMBER	
	PARENTS EMAIL ADDRESS (Please print clearly)	
	PARENTS MOBILE NUMBER	
EMERGENCY If no medical conditions or note, please write 'none'.	EMERGENCY CONTACT NAME	
	EMERGENCY CONTACT NUMBER	
	GP NAME & ADDRESS	
	Any known allergies/medical conditions which we need to know about.	
OTHER	Any other information you feel would be helpful to us.	
Sometimes we take photographs for use by the catechists. Please confirm you are happy for us to do by ticking this box.		<input type="checkbox"/>
Please return to the Parish Office at the Priest's House, Shelley Road, by 30 September 2018.		