



## Confirmation Program 2017-2018

Please check Level of Registration:

\_\_\_\_\_ Level 1

\_\_\_\_\_ Level 2

**Parents:**

\_\_\_\_\_  
Name(s) include mother's maiden name

\_\_\_\_\_  
Email address: **REQUIRED**

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Town, State, Zip

\_\_\_\_\_  
Phone #

**Students:**

\_\_\_\_\_  
Name(s)

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Baptism/Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Level 1 Candidates who were not Baptized at St. Irene's will need to provide a copy of his/her Baptismal Certificate with this Registration Form.***

**Fees:** Please enclose check made payable to: **St. Irene Parish** and mail by: **June 30, 2017 – Late Fee \$100 after June 30th**  
Attention: Sheila Zacharchuk, St. Irene Confirmation Program, 187 East Street, Carlisle, MA 01741

Registration Fee Due **By: JUNE 30, 2017**

Registrations received **after June 30, 2017** will be charged a **\$100 Late Fee**

**\$175** Level 1 per child

**\$255** Level 2 per child (includes all-day retreat and Sacramental fees)

\*Donations Welcome: Fees charged do not cover all expenses

I, the parent or legal guardian of the child(ren) named, herein, hereby give St. Irene Parish of Carlisle, MA, its employees, and volunteers, irrevocable consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs and/or video which you have taken of me, in negative or positive form, for the express purpose for use in a web site or in parish publications and newsletters for the promotion of or use by St. Irene Parish of Carlisle, MA without any or further compensation to me or approval by me. No children's names will be published with the photograph.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CORI Form, Code of Conduct, Safety Policy & a 1 time VIRTUS Training Required for ALL Teachers**

Briefly describe any health problems, learning disabilities, etc. of which you would like us to be aware: \_\_\_\_\_

\_\_\_\_\_