Registration for Confirmation in

Our Lady of the Lakes Catholic Community

 

Youth worshipping, participating in service/parish life, learning about God and our faith, and claiming it for themselves is the basis for the 2-year Confirmation preparation process (30 contact hours annually). Students entering 8th grade or higher may register.

**Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_ Student’s full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School & Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place & DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Sacraments received: Baptism Reconciliation Holy Eucharist**

**If not baptized in OLOL,** please provide a copy of the child’s Baptismal Certificate.

**Currently receiving religious education?**  **Yes How?** (Please circle one.): **No**

Parish Religious Ed. program Home schooled Catholic school

**Worship site & Mass time family usually attends**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’/guardians’ Legal Names**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(include Mom’s maiden name)

Family Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact us is **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We experience Jesus’ love for us in the family, through the Sacraments, prayer, Bible study, formation and service. Active preparation in class, at Mass and in service opportunities is expected. A student commitment form and survey to determine available days and times to meet, will be sent after receipt of this form.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete and return this form, along with the $90/pp fee, payable to OLOLCC, to 210 Keuka St., Penn Yan, NY 14527. Please note Confirmation formation in the memo.**