

**St. Maximilian Kolbe Parish  
Confirmation  
2023-2024 Registration**

Is your family currently registered at St. Maximilian Kolbe? \_\_\_ Yes \_\_\_ No\*\*

**Youth's Information:**

1) Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ 1) Teen's cell phone # \_\_\_\_\_

2) Teen's cell phone # \_\_\_\_\_

3) Teen's cell phone # \_\_\_\_\_

**Will your teen be in Confirmation Class? Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_**

**All teens registered in Confirmation Must Attend Mass**

**Parent's Information:**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact other than Parents:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\*\*In case you cannot be reached in case of an emergency.

**Allergies or Medical Conditions:** (please list)

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* Please complete and sign the attached forms also:**

Consent, Release of Liability and Indemnification Form

Authorization for Release and Use of Student Image

Medical Authorization for Minor