

**Holy Family Catholic Church**  
**Confirmation Class (10th grade)**  
**(class time: Wed 6:15-7:30 pm)**

**Return the completed form with payment to the parish office Mon — Fri between 9 am and 4 pm**

Father's full name: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone number that can be used to contact a parent during class time in case of an emergency? \_\_\_\_\_

**Check the sacraments which have been received:**

Children's full names (Please provide a copy of each child's baptism certificate . A copy of each child's birth certificate, if not baptized.)	M/F	Date of Birth	Grade	Baptism	Reconciliation (Confession)	Eucharist (1 <sup>st</sup> Communion)

If your family is new to Holy Family Church, please provide a letter from the church stating your child's previous Catholic religious education, the grades in which classes were attended, and the name and location of the church. **Please read, initial, and sign the Parent Pledge on the back.**

If there are any health conditions, medical problems or learning disabilities of which your child's catechist should be aware, please explain them. Continue on the back of this paper if more space is needed.

Are you a registered parishioner? Y / N If not, please go to our website to register: <http://hf-cc.org/parish-registration> or pick up a paper copy in the parish office.

**\*For office use only ----- Confirmation**  
**(includes retreat \$25) Fee: \$70**

Amount

Received:

Date:

Receipt #

\_\_\_\_\_ = INITIAL HERE

## Confirmation Parent Pledge

As the parent of a Confirmation student, your role is to encourage the faith of your child and be an example to through daily life and to reflect with your child on the meaning of a life of Catholic discipleship.

- \_\_\_\_\_ I will discuss the Gospels with my child and how they are a guide to true discipleship.
- \_\_\_\_\_ I will encourage my child to receive the Sacrament of Reconciliation (Confession) frequently by setting the example through my own actions to ensure the spiritual health of my child. I will pay special attention to the Penance Services offered in the liturgical seasons of Advent and Lent.
- \_\_\_\_\_ I will talk frequently with my child about the traditions and customs of our Catholic Faith.
- \_\_\_\_\_ I will guide my child in daily prayer to strengthen their personal relationship with God through our Lord Jesus.
- \_\_\_\_\_ I will attend Sunday Mass and all Holy Days of Obligation with my child.
- \_\_\_\_\_ I will try to attend Daily Mass with my child when possible.
- \_\_\_\_\_ I will attend sacramental classes with my child to support him/her in his/her faith journey.
- \_\_\_\_\_ I will bring my child to class on time with faithful attendance (**No more than 3 absences**), prepared for instruction and I will pick him/her up on time when class ends.

### Parent's Signature:

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The parent's signature indicates that you have read the Parent Information Packet and are willing to participate in the above activities and expectations and will discuss and explain them with your child. The information above is included in your Parent Information Packet so that you will have it at home for sharing with your child. **Your cooperation and participation is very important and greatly appreciated. Thank you!**