

# MOUNT OLIVET 2nd YEAR CONFIRMATION REGISTRATION 2011-12

Confirmand's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zipcode

Phone (\_\_\_\_) \_\_\_\_\_ Gender: M or F Birthdate \_\_\_\_\_

Preferred name or  
Nickname \_\_\_\_\_ Baptismal Date \_\_\_\_\_ Where Baptized \_\_\_\_\_

Had First Communion? Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

2011-12 Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

Confirmand's e-mail \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Mt. Olivet Member Yes or No

Address \_\_\_\_\_

Phone #s:

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Mt. Olivet Member Yes or No

Address \_\_\_\_\_

Phone #s:

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Send mailings to: Father \_\_\_ Mother \_\_\_ Both \_\_\_

Confirmand lives with \_\_\_\_\_  
(names of parents, brothers, sisters)

Confirmand's activities and interests \_\_\_\_\_

**Does your child have any diagnosis or history of behavioral or learning concerns about which we should be informed?**  
\_\_\_\_\_ YES (if Yes, please explain on back) \_\_\_\_\_ NO

**Are there any allergies or other medical conditions of which we should be aware?**  
\_\_\_\_\_ YES (if Yes, please explain on back) \_\_\_\_\_ NO

**ONE friend that your child would like to be placed with:** \_\_\_\_\_  
(your child's name must be listed on the registration of the child named above to assure placement together)

**Do you have any interest in becoming a Confirmation small group leader, team small group leader (two adults together), or assistant to a child with special needs? (training will be provided)** Yes or No

\_\_\_ Will be attending Mt. Olivet West Campus Wednesday 7:00-8:15 p.m.

~ ~ ~ OR ~ ~ ~

\_\_\_ Will be attending Minneapolis Campus

\_\_\_ Sunday 8:30-9:45 a.m. \_\_\_ Wednesday 4:00-5:15 p.m. \_\_\_ Wednesday 7:00-8:15 p.m.

\_\_\_ \$50 Payment enclosed