ST. JOHN THE EVANGELIST CATHOLIC CHURCH 57805 MAIN STREET PLAQUEMINE, LA 70764

Phone: 225-687-2402 Fax: 225-687-1587

CONFIRMATION PREP PROGRAM

Year 1 – 10th Grade

Please list the <u>full name</u> of your child:				
NAME			Age	
(First)	(Middle)	(Last)		
Date of Birth		School Attending		
Parents: (Father)				
(First)		(Middle)	(Last)	
Parents: (Mother)				
(First)		(Middle)	(Last)	
1 st Mailing Address				
(/	All correspondence v	vill be mailed to this ac	ldress)	
2 nd Mailing Address (Option	al)			
E-Mail Address (Paren	t)			
Home Phone: (Parent)		Work Phone:		
		have a cell phone, land li		
Mother's Cell Phone:		Father's Cell Phone	·	
Student's Email Addre	ss:	Student's Ce	ll Phone:	
Any special needs (alle	ergies, medications, et	:c.)?		

MANDATORY MEETING FOR PARENTS AND STUDENTS: Wednesday, August 28, 6:15 – 6:45pm, Parish Hall The schedule for the 2019-2020 year will be available at this meeting. There will be no fees for 1st Year, 10th grade students. A copy of your child's Baptism Certificate will need to accompany the registration form.