CONFIRMATION ENROLLMENT FORM - 2010

Saint Jude the Apostle Catholic Church

Preferred First Name: _____ Last Name: _____

Name as it appears on the Baptismal Certificate: _____

Address _____ City _____ Zip _____

Phone _____ Birthdate_____ Age _____

School _____ Grade _____

Father's Full Name _____
(First) (Middle) (Last)

Mother's Full Name _____
(First) (Middle) (Maiden)

Sacrament Records

	Church	*City*	*State*	*Date*
Baptism				
1st Eucharist				

Place of Religious Instruction for: 7th Grade _____
(Two previous years required) 8th Grade _____

Candidate's Email Address_____

Parent's Email Address(es)_____

_____

Note: *Email will be a major means of communication. Please provide accounts that are regularly monitored.*

A Parent Orientation Meeting will be held on Monday, January 25 and Thursday, January 28 from 7:00pm – 8:30pm in the Youth Center. At least one parent must attend one of these meetings.

FEE: $125.00 for registered, active St. Jude families (Checks payable to St. Jude)

Registration Forms are due by January 15, 2010. Forms may be dropped off or mailed to:
St. Jude the Apostle, 7171 Glenridge Dr. NE, Atlanta, GA 30328, attn: Jeff Jetton

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For Office Use Only:

Check # _____ Amount _____

Parishsoft Record Updated _____ Baptismal Certificate _____