

# CHOSEN! Confirmation Program

## New Student Registration Form

115 W Olive Ave. ~ 1205 Columbia St., Redlands, CA 92373  
 Office: 909-798-4167 Fax: 909-335-1719 [www.holynameofjesus.org](http://www.holynameofjesus.org)



### Member Information / *Información de Registro*

**YES** I am registered at the Holy Name of Jesus  **NO** I need to register, HNOJ Parish (please attach completed form)  
*Estoy registrado Envelope/Sobre# \_\_\_\_\_ Necesito registrarme*

### Family Information / *Información de la Familia*

Family Last Name / *Nombre de familia:* \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
*Nombre del Padre Nombre de la Madre*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
*Domicilio Ciudad Código Postal*

Home Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_  
*Teléfono Celular de la Madre*

Family Email: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_  
*Correo Electronico Celular del Padre*

### Student information / *Información del estudiante:*

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Grade In August? 9 10 11 12

Has Student Received the Following Sacraments? **Baptism/Bautismo** Y N **First Eucharist/Primera Comunión** Y N  
*¿ha recibido el estudiante los siguientes sacramentos? (Circle Yes or No)*

*Please provide proof of Baptism & First Communion (por favor proporcionar los certificados de bautismo y primera comunión)*

**Fee:** \$80 class fee. Retreat fees charged separately. A \$40 deposit is due at time of registration. Payment plans available with no extra fees. **\*\*\*Plan de pago disponible sin cargos adicionales\*\*\***

Please check **one** of the following choices for classes. *Por favor marque una de las siguientes opciones de clase*

- Fall Sundays (Sept.-Dec. 3:30-5pm)  Winter Sundays (Jan.-April 3:30-5pm)  
 Fall Mondays (Sept.-Dec 6-7:30pm)  Winter Mondays (Jan-April 6-7:30pm)  
 Summer (Tues/Thurs June-July 3-4:30)

### Emergency Information / *Información de Emergencia*

In case I cannot be reached, I wish one of the following to be notified. Please initial box.   
*En caso de no ser localizado, favor de avisare a:* Iniciales por favor

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone(s) \_\_\_\_\_  
*Nombre Relación Telefono (s)*

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone(s) \_\_\_\_\_

List any allergies or medical conditions we should be aware of: \_\_\_\_\_

### In Case of Injury

In case of injury or related emergency, I authorize that first aid be administered to my child   
 by a person qualified to render such service. (Please initial box. *Iniciales por favor*)  
*En caso de accidente o emergencia autorizamos que se le den primeros auxilios o asistencia medica a nuestro niño/niña.*

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_  
*Firma Relación a Niña Fecha*

### For office use only:

Verification by M. Butler ("Check" if verified; leave blank if not): Membership \_\_\_\_\_ Bapt.: \_\_\_\_\_ 1<sup>st</sup> Euch. \_\_\_\_\_

Discount: \_\_\_\_\_ Date Billing Set Up in PS: \_\_\_\_\_ Initial: \_\_\_\_\_

Altarion  Term: Chosen  Term: You  Term: