OUR SAVIOUR'S CONFIRMATION CLASS REGISTRATION FORM FALL 2022

Student's name		
Birthdate	Grade	
Father's Name/ Addre	ss/Email/phone	
	ess/Email/phone (if different)	
Emergency Contact Na	nme/Phone Number	
Special learning needs	, allergies or medical problems	
The best way to contact	ct a parent is (circle one)	

Email

Phone

Text Message

Student phone and/or email if you want to share							
	_		_				
The best way	to contact stude	nt is (circl	e one)				
Phone	Text Messag	ge	Email	Parent			
above named		sletter, Bı		publish pictures of Church Facebook F			
Yes to all	Only						
١	None						
-	-			k to County Marke			
them. Circle of	one and initial.	Yes	No				