

**2009 - 2010
Confirmation II**

Please complete this form and return to the youth office by July 15th
Immaculate Conception Church
400 Salt Springs St
Fayetteville NY 13066

Please include a copy of your child's Baptismal Certificate, (even if baptized at Immaculate Conception), so we will have all information for the Confirmation record book signed by the Bishop.

Name: _____

Date of Birth _____ School Attending _____

Are there any changes in address, phone, health situations, emergency contact or schools since last year?

Please indicate

(Please print clearly, so we have correct information in our system.)

Family E-mail _____ **Student E-mail** _____

Permission slip for Participation in Service Project

I hereby consent to participation by my son/daughter

Name of Teen

In service projects related to the Confirmation Preparation Classes at Immaculate Conception Church from September 1, 2009 until September 1, 2010. I understand that this event will take place away from the Church grounds and that this form serves as a medical release for my child.

I further consent to my child's participation with regard to the method of transportation, i.e. parish van, chartered school bus, or car.

Parent Name (please print) _____

Parent Signature _____ Date _____