

**Sacred Heart of the Hills**  
Confirmation Registration 2009-2010  
3400 S. Adams Rd., Auburn Hills, MI 48326

Student's Full Name: \_\_\_\_\_ Please circle one: MALE FEMALE  
Family Name (if different from students): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Student's D.O.B.: \_\_\_\_\_

E-mail address: \_\_\_\_\_ School District / Private School \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Step Parent (if applicable) \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed  Single  
Child resides With:  Both Parents  Father  Mother  Stepmother   
Stepfather

Are you a currently registered family at Sacred Heart?

Yes, if yes envelope number \_\_\_\_\_  No, if no Parish Name \_\_\_\_\_

Tuition for the 2009 – 2010 Confirmation Program  
Retreat Fee \$80

In order for your child to receive the Sacrament of Confirmation you will need to provide a copy of your child's Baptismal certificate as soon as possible.

My child was baptized here at Sacred Heart – Baptismal date \_\_\_\_\_

I will provide a copy of my child's baptismal certificate

Does your child have any Special Needs (Physical, Learning Disability, Food Allergy, etc.) ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

Registration Date \_\_\_\_\_ Tuition Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Baptismal Certificate Received \_\_\_\_\_