



**OUR LADY OF THE LAKE  
ROMAN CATHOLIC COMMUNITY  
SPARTA, NEW JERSEY  
NINTH GRADE  
CONFIRMATION 1<sup>ST</sup> Year REGISTRATION FORM**

DATE: \_\_\_\_\_

**CANDIDATE INFORMATION** *(please print legibly)*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_ TOWN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**CHURCH AND DATE OF BATISM/ADDRESS** \_\_\_\_\_

**MOTHERS MAIDEN NAME** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** *(please print legibly)* \_\_\_\_\_

E-Mail Address \_\_\_\_\_

LAST NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOTHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TOWN & ZIP: \_\_\_\_\_ FATHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

*\*\*\*Please fill out important information on the reverse side\*\*\**

IT IS ESSENTIAL THAT WE BE MADE AWARE OF ANY EDUCATIONAL OR PHYSICAL SPECIAL NEEDS YOUR CHILD MAY HAVE. PLEASE INDICATE THIS INFORMATION BELOW.

ALLERGIES TO DRUGS OR FOOD:

OTHER SPECIAL MEDICATION OR PERTINENT MEDICAL INFORMATION:

### MEDICAL RELEASE FORM

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_ ID#: \_\_\_\_\_

*In the event of an emergency, where medical treatment is required, I give permission to Our Lady of the Lake Church in Sparta, NJ, its staff & volunteers, to obtain the services of a licensed physician. Our Lady of the Lake Church will immediately attempt to contact the parent/guardian or emergency.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*\*\*Please fill out important information on the reverse side\*\*\**