



*Church of St. Wenceslaus*  
*505 3<sup>rd</sup> St. East*  
*Dickinson, N.D. 58601*  
*701-225-3972*

**CONFIRMATION REGISTRATION FORM FOR NEW STUDENTS  
GRADE 8**

Parents or Guardian \_\_\_\_\_  
Last Name First Name

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Number \_\_\_\_\_

Cell number \_\_\_\_\_

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

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade and Name of School \_\_\_\_\_

Boy or Girl (please circle one)

Sacraments Received

First reconciliation \_\_\_\_\_

First Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Confidential Information:**

Are there any medical conditions (such as allergies) or disabilities (such as learning disabilities or hearing loss) that the catechist or supervisor should be aware of?

Fee for Religious Education/Confirmation is \$95.00



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*Dickinson, N.D. 58601*  
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**RELIGIOUS EDUCATION REGISTRATION FORM FOR NEW STUDENTS  
GRADE 1-7**

Parents or Guardian \_\_\_\_\_  
Last Name First Name

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Number \_\_\_\_\_

Cell number \_\_\_\_\_

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

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade and Name of School \_\_\_\_\_

Boy or Girl (please circle one)

Sacraments Received

First reconciliation \_\_\_\_\_

First Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Confidential Information:**

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