

St. John the Apostle Religious Education *Confirmation Enrollment Information*

Director of Religious Education
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Office Hours: Mon-Thurs 9:00-4:00pm; Fridays 9:00-12:00pm; (closed for lunch 12-1pm)

REGISTRATION FEE: \$50/STUDENT

Make checks payable to:

Saint John the Apostle Catholic Church

Drop off forms/payment to the parish office or mail to SJA at 1968 Sandbridge Road, VA Beach, VA 23456.

Confirmation preparation at SJA:

- **Parent/Student information meeting - September**
- **Fall through Spring - Confirmation preparation** (Sessions will be approximately twice per month on Sunday evenings. Specific dates will be given at Parent meeting.)
- **Confirmation retreat** (The retreat takes place at SJA.)
- **Confirmation Mass** (The date will be scheduled by the Bishop's office.)

****Please return, *Student Information Form, SJA Consent and Liability Form* and *fee* to the Parish Office.**

****Full payment is expected at the time of registration. No one is turned away for not being able to pay tuition fees. If this is a concern, please contact the parish office.**

****If your son or daughter was not baptized at SJA **OR** did not receive their First Communion at SJA, please provide a new Baptism record with notations (when and where of First Communion). We must be provided with this information for your student to receive the Sacrament of Confirmation at SJA. Please see the SJA website at sjavb.org under "Youth Ministry and Formation" for details on why a Baptismal record is necessary.**

St. John the Apostle Religious Education
Student Information Form

****REQUIRED**

Family **MUST** be registered in the Parish **before** enrolling in Confirmation class.
Parish registration forms can be found on our website at sjavb.org.

****Family Last Name:** _____ ****ID#** (4 or 5-digit envelope #) _____

Father: First _____ M.I. _____ Last _____

Mother: First _____ M.I. _____ Last _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone: Mother _____ Father _____

****Email Address (required for communication):** _____

****Full Baptismal Name of Student:**

****Date of Birth** ____/____/____ ****Current Age:** ____ **** Rising Grade:** ____

Student must be in 10th grade and above OR at least 16 years of age.

School: _____

Interests and Activities (used to place students with similar interests in small groups):

****Sacraments Received:** Baptism Communion Confirmation

For Office Use Only:

Cash/check # _____ Amount: \$ _____ Fee Approved: _____

Parish ID# _____ Data OK: Y/N Data Updated: _____ Processed by: _____