

**Saint Anthony of Padua Religious Education**  
Sister Phylis O'Dowd, O.P. Director of Religious Education (631) 821-0872

**Confirmation - Wednesday, October 3, 2018**

**Confirmation Registration** Date \_\_\_\_\_  
Religious Education, Confirmation Gown Rental,  
Retreat House Offering and Bus Transportation - \$100.00 AMOUNT PAID \_\_\_\_\_  
PAYMENT PLAN AVAILABLE. Please contact office. PLEASE RETURN BY AUGUST 1, 2018

DAYTIME TEL# (\_\_\_\_) \_\_\_\_\_

(PLEASE PRINT CLEARLY)

STUDENT'S NAME \_\_\_\_\_ PHONE #(\_\_\_\_) \_\_\_\_\_

STUDENT'S CONFIRMATION NAME \_\_\_\_\_

[If you choose a new name for Confirmation it should be a saint's name].

SPONSOR'S NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

[Sponsor must be a confirmed Catholic - male or female - sixteen years of age or older].

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE #(\_\_\_\_) \_\_\_\_\_ PARENT CELL #(\_\_\_\_) \_\_\_\_\_

NAME OF SCHOOL: Rocky Point \_\_\_\_\_ Longwood \_\_\_\_\_ Shoreham \_\_\_\_\_ Miller Place \_\_\_\_\_ Mt. Sinai \_\_\_\_\_  
Mercy \_\_\_\_\_ St. Anthony's \_\_\_\_\_ Other (name the school) \_\_\_\_\_

NAME OF RELIGION TEACHER: Mr. Grant \_\_\_\_\_ Mr. Clancy \_\_\_\_\_ Mrs. Marotta \_\_\_\_\_

Mrs. Manseau \_\_\_\_\_ Mrs. Russell \_\_\_\_\_ Mrs. Sill \_\_\_\_\_ Mrs. Zahradka \_\_\_\_\_

**Confirmation student must complete and sign.**

\* I realize I must attend Mass on the weekend:  
Saturday 5:00pm \_\_\_\_\_ Sunday 8:00am \_\_\_\_\_ Sunday 10:00am \_\_\_\_\_ Sunday 12:00 Noon \_\_\_\_\_

\* I must attend 3 Sessions, as assigned, in addition to:  
Six Hours of Community Service  
One Confirmation Retreat (as assigned on enclosed schedule)  
One Confirmation Interview (as assigned on enclosed schedule)  
One Confirmation Rehearsal (as assigned on enclosed schedule)

\_\_\_\_\_  
Student's Signature