

Holy Trinity Catholic Church
2016-2017 Confirmation Registration
1600 Corporate Drive, Ladera Ranch, CA 92694

Family Last Name: _____ Date: _____
Father's Name: _____ Home Phone: _____
Mother's Name: _____ Cell Phone: _____
Mother's Maiden Name: _____ Email: _____
Address: _____
City: _____ Zip: _____

Candidate's Full Name _____ Birthdate _____ Sex M F

Name of High School: _____ Grade: _____

Candidates must provide copies of his/her baptismal and first communion certificates when submitting registration. Registration will not be finalized until the copies are on file. Thank you for your cooperation.

Candidate's Full Name _____ Birthdate _____ Sex M F

Name of High School: _____ Grade: _____

Candidates must provide copies of his/her baptismal and first communion certificates when submitting registration. Registration will not be finalized until the copies are on file. Thank you for your cooperation.

Tuition due: \$480.00 Payment options on back Tuition Paid \$ _____

Candidate Last Name: _____ First Name: _____

CONFIRMATION FEE AGREEMENT

The fee for the two year journey is \$480.00 (Confirmation Year 2 off-site Retreat included). An additional \$10 fee will be collected on Saturday, Sept 10th 2016 for the Confirmation Year 1 **Mandatory** on-site retreat.

The following options are available to pay the \$480 Confirmation Fee:

- 1. Pay \$480.00 in full by cash, check (payable to Holy Trinity Church), or credit card

- 2. Pay \$480.00 in eight (8) credit card (ONLY) payments as follows:

October 1, 2016	\$60.00
November 1, 2016	\$60.00
December 1, 2016	\$60.00
January 1, 2017	\$60.00
February 1, 2017	\$60.00
March 1, 2017	\$60.00
April 1, 2017	\$60.00
May 1, 2017	\$60.00

Please indicate by check mark which payment option is preferred. Please return this form at a parent/candidate meeting to complete registration.

Preferred email for contact: _____

If paying by **credit card**, please indicate below:

Credit Card (check one): Visa ___ MasterCard ___ American Express ___ Discover ___

Credit Card #: _____ CVV# _____ Expiration Date: _____

Name on card: _____

I authorize Holy Trinity Catholic church to charge my credit card in accordance with the information above.

Signature (as appears on the credit card): _____ Date: _____

If there is a financial hardship please advise us **ASAP**

To discuss financial hardship please contact: Andrew Watson at awatson@holytrinityladera.org or Fr. Reynold Furrell at frreynold@holytrinityladera.org

For billing questions please contact: Angela Johnson at ajohnson@holytrinityladera.org