



**2018/19 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 their **baptismal and first communion certificates** when submitting registration. Registration will not be finalized until the copies are on file.**

Candidate's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F  
Name of High School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Candidates must provide copies of their **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: \$500.00 per candidate (fee covers both Year 1 & 2 and off-site retreat)**

**Payment options on back**

Please complete and return both sides of this form to finalize registration.

Candidate Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CONFIRMATION FEE AGREEMENT**

The fee for the two year journey is \$500.00 (Confirmation Year 2 off-site Retreat included). An additional \$10 fee will be collected on Sunday, Sept 16th, 2018 for the Confirmation Year 1 **Mandatory** on-site retreat.

The following options are available to pay the \$500 Confirmation Fee:

- 1. Pay \$500.00 in full by cash, check (payable to Holy Trinity Church), or credit card
  
- 2. Pay \$500.00 in ten credit card (no debit cards) payments as follows:

October 1, 2018	\$50.00
November 1, 2018	\$50.00
December 1, 2018	\$50.00
January 1, 2019	\$50.00
February 1, 2019	\$50.00
March 1, 2019	\$50.00
April 1, 2019	\$50.00
May 1, 2019	\$50.00
June 1, 2019	\$50.00
July 1, 2019	\$50.00

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: \_\_\_\_\_

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

For billing questions please contact: Angela Johnson at [ajohnson@holytrinityladera.org](mailto:ajohnson@holytrinityladera.org)

Please return both completed sides of this form to a parent/candidate meeting to finalize registration.