



St. Agnes Church

3966 Chestnut Ave. Concord, CA 94519

CONFIRMATION REGISTRATION

YEAR-1

2026-2027

925-689-0838 ext. 202 or 211

CONFIRMATION CANDIDATE INFORMATION

Name: (First) _____ (Last) _____

Preferred name: _____ Sex: F/M _____ Date of Birth: ___ / ___ / ___

Home Phone: _____ Student Mobile Phone: _____

Street Address: _____

City: _____ State _____ Zip: _____

School: _____ Grade: _____

Interests and Activities: _____ T-shirt Size S M L XL XXL
(circle one)

PARENT/GUARDIAN INFORMATION

Custodial Parent(s): _____ Home Phone: _____

Parent Mobile Phone: _____

Address if different from above: _____

Parent email address (print clearly): _____

EMERGENCY CONTACT NUMBER *(In the event we cannot reach parent/guardian at the above numbers.)*

Name: _____ Phone number: _____ Relationship _____

RELIGIOUS EDUCATION

Please indicate below where your child has received religious education:

Parish or Catholic School _____ City/State: _____ Year(s) attended _____

Church of Baptism:

Date: ___ / ___ / ___ Parish Name: _____

Address: _____

Please complete information on back

Church of First Communion:

Date: ____ / ____ / ____ Parish Name: _____

Address: _____

Parish Registration:

Is Confirmation candidate's family registered as members of St. Agnes Church?

- Yes

- No, we are registered at _____ parish.

If No, you must also register at St. Agnes.

YEAR 1 TUITION FEE PER STUDENT IS \$200.00

TUITION IS DUE WITH REGISTRATION FORM.

Opportunities available to offset tuition fees. Please contact the Religious Education office at 925-689-0838, Extension 202.

Cancellation deadline for refund is November 2, 2026.

Registration Check List

- Diocesan Health form
- Registration fee

By signing below, I am giving St. Agnes's office staff permission to give my contact information to any/all teachers/tutors/or other office staff involved in the Religious Education ministry upon request. This permission can be revoked at any time by me with written notice.

Signature: _____

Date: _____