

THE CATHOLIC PARISHES OF NORTHEAST MINNEAPOLIS  
**REGISTRATION FOR CONFIRMATION CLASSES**

Please return this form with tuition payment directly to Janice Godlewski, Holy Cross Parish Office,  
 1621 University Ave. N.E., 55413

**Parent (s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Candidate's Name	Date of Birth	School	Grade	Parish where Baptized	Has Candidate made 1st Confession? (Yes or No)	Has Candidate Received 1 <sup>st</sup> Holy Communion (Yes or No)

Our Family is registered at \_\_\_\_\_ Parish.

**Tuition: \$25.00 per student**

<u>For Office Use:</u>			
Total tuition: _____	Total paid: _____	Date: _____	