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**THE LIVING ROOM REGISTRATION**  
**~POST-CONFIRMATION HIGH SCHOOL~**

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Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Year in High School \_\_\_\_\_

Address \_\_\_\_\_

Future Possible Majors \_\_\_\_\_

Parent Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Circle the Sacraments that you have partaken in

None    Baptism    Confirmation    Eucharist    Reconciliation    Anointing of the Sick