



Confirmation Registration Form

2018 - 2019 Class Year

Please be sure to complete **all** forms, and to **print clearly**. Also, please provide a copy of the **Baptism Certificate** even if your child was baptized in our parish.

Confirmation Year 1

Confirmation Year 2

THE REGISTRATION FEE IS \$140 PER STUDENT (DOES NOT INCLUDE RETREAT FEES)

St. Peter & St. Paul Registration #: _____ (Number found on Offertory Envelope)
 (If you are **not** registered in the Parish, you **must be** registered in order to sign up)

Student's Full Name: _____ Gender: M / F

Student's Cell #: (____) _____

T-Shirt Size: _____ Height: _____ Current Age: _____

Birthday: ____/____/____ School: _____ Grade in School: _____
 (2018 - 2019 School Year)

Church of Baptism: _____ Date of Baptism: ____/____/____

City & State of Baptismal Church: _____
 (A copy of the baptismal certificate must also be turned into the youth office)

Has student received First Communion? Yes No

Was he/she in the 2017-2018 Confirmation Program? Yes No

Do you attend Mass weekly? Yes No Which Mass do you usually attend? _____

Father's Full Name: _____

Father's Email Address: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Email Address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone # Father: (____) _____ Cell Phone # Mother: (____) _____

Home Phone #: (____) _____ Which is the **best** number to contact? _____

Preferred language for emails/Idioma preferido para mensajes de correo electrónico: English Español

OFFICE USE ONLY

Date Received: _____

Baptism Cert: Yes No Sponsor Form: Yes No

PAID

CK # _____ Rec# _____

Date _____ Total _____

Informational Medical and Family History Form 2018 – 2019

Family's Last Name _____

Critical Medication, blood
type & other pertinent
medical information

Student's Full Name _____

Date of Birth _____

Food/Drug Allergies _____

Do you authorize St. Peter & St. Paul Church to transport your child to a doctor in case of emergency?

(Initial one) Yes _____ No _____

Does your child have a **physical**, **emotional** or **behavioral** condition that we should know of? Yes / No
(Examples of **physical** conditions include permanently impaired hearing, seeing, speaking, movement of any limbs, etc. **Emotional** conditions include clinically diagnosed depression, bi-polar disorder, general anxiety, or social anxiety, etc. **Behavioral** conditions include Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Asperger's Syndrome, Tourette Syndrome, etc.)

If yes, please provide important, but basic details regarding your child's condition. If more than one condition exists, please list all that apply under the three categories listed above. If you will soon be or currently are in the process of discovering if a condition does exist for your child, please list any physical, emotional, or behavioral signs/symptoms exhibited.

Does your child receive special education services? Yes / No

If yes, please provide a copy of their I.E.P. Please also provide important but basic details regarding your child's condition.

Family History

Please answer these questions as honestly and completely as possible. The answers to these questions can help us to best serve your child and you. Often, a child's questions about faith and Catholic teaching come from their experiences in the family. We can better answer their questions if we have prior knowledge about the family's living situation. Please realize these answers will be kept confidential among the youth ministry staff and will not be released in any way to any parties outside the youth ministry office.

1. Please indicate your marital status: Single Married
 Divorced, but not re-married Divorced and re-married
2. Please indicate the living situation for your child:
 My child lives with me and my spouse (married)
 My child lives with me sometimes and my ex-spouse sometimes (divorced, joint custody)
 My child lives with me only (single or divorced, sole custody)
 My child lives with other relatives
3. Is your child adopted? Yes No
4. If yes to number 3, please answer the following two questions:
-Is one of your child's parents a biological parent? Yes No
-If yes, which parent? Mother Father
5. Is a parent deceased? Mother Father

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, CA 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001
ST. PETER & ST. PAUL CHURCH 9135 Banyan Street, Alta Loma, CA 91737 (909) 987-9312

EVENT INFORMATION

Event: Confirmation Sessions 2018 – 2019

Location: John Paul II Center, St. Peter & St. Paul Church
9135 Banyan Street, Alta Loma, CA 91737

****Please check one:**

- Adult (18 and older)
 Youth (under 18)

Phone: 909-987-9312 Ext. 300

MEDICAL LIABILITY

(Please Print)
Participant's Name: _____ Date of Birth _____ / _____ / _____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print clearly _____ *(Use another sheet if necessary)*

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Confirmation Coordinator (909-987-9312 Ext. 300) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, St. Peter & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

CONDUCT

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

PHOTO

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I do **NOT** authorize any photos, videotapes or recordings of my child.

PERMISSION

Parent/Guardian Signature Required
(For Minors under 18)

Date

Signature of Participant Required
(Youth or Adult)

Date

**St. Peter and St. Paul
Confirmation Preparation
2018-2019**

Sponsor Verification Form

Please have the chosen sponsor complete this form and return it to the Youth Ministry Office at:
9135 Banyan Street. Alta Loma, CA 91737

Sponsor's Name _____ Phone _____

Confirmandi's Name _____

Relationship to Confirmandi _____

Please complete the following information AND request a new copy of your baptismal and confirmation records from your parish of baptism and confirmation and submit the copies along with this form.

Sponsor's Date of Baptism _____

Parish of Baptism _____

City, State _____

Sponsor's Date of First Communion _____

Parish of First Communion _____

City, State _____

Sponsor's Date of Confirmation _____

Parish of Confirmation _____

City, State _____

Sponsor's Date of Marriage _____

Parish of Marriage _____

City, State _____

Married within the Catholic Church? Yes ___ No ___

Still Married Yes ___ No ___

Annulment Yes ___ No ___ Date of Annulment _____

Remarried in Catholic Church? Yes No ___

I am at least 18 years of age; a FULLY, ACTIVE Roman Catholic; I have received all my Sacraments of Initiation (Baptism, Confirmation, and Communion); I lead a life in harmony with the Catholic Faith; and am in good standing with the Catholic Church. I do, hereby, accept the responsibility of being the above-mentioned Confirmandi's Confirmation sponsor. This means that I will do my best to see to it that the confirmed person acts as a true witness to Christ and faithfully fulfills the obligations connected with the Sacrament of Confirmation.

Sponsor's Signature

Date

Pastor's Signature of Sponsor's Home Church

Date

Church Seal