



Confirmation Registration Form

Please contact Youth Office to set up an appointment
to enroll your student in our confirmation program.

Youth Office:

Manuel Huerta : 909-987-9312 Ext. 225

Email: mhuerta@stpeterstpaul.com

Daniel Manriquez: 909-987-9312 Ext. 300

Email: dmanriquez@stpeterstpaul.com



Confirmation Registration Form

2019-2020 Class Year

Please select one: **Year 1** **Year 2**

*Please be sure to complete **all** forms, and to **print clearly**. Also, please provide a copy of the **Baptism Certificate and First Communion** even if your child received any sacraments at our parish.*

THE REGISTRATION FEE IS \$150 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: _____
(2019 – 2020 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

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 2019 – 2020

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 2019 – 2020

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