

## **Confirmation Registration Form**

### Class Year 2022-2023

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

### **THE REGISTRATION FEE IS \$150 PER STUDENT (DOES NOT INCLUDE RETREAT FEES)**

<del>-</del>	:(Number found on Offertory in the Parish, you <b>must be</b> registered to signup)
Please select year:	
Preferred Meeting date:	Sunday   Tuesday
Student's Full Name:	Gender: M / F
itudent's Cell #:()	
T-Shirt Size: Height:	Current Age:
Birthday://School:	Grade in School:(2022 – 2023 School Year)
Church of Baptism:	Date of Baptism:/
City & State of Baptismal Church:(A copy of the baptismal certificate must also be	e turned into the youth office)
Has student received First Communion?	☐ Yes ☐ No
Do you attend Mass weekly? ☐ Yes ☐ N	O 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 #: ()Wh	ich is the <u>best</u> number to contact?
Preferred language for emails/Idioma preferido	para mensajes de correo electrónico: 🗌 English 🗎 Español
OFFICE USE ONLY:	DAID
	lYear 2 PAID
Baptism Cert:  Yes  No  Sponsor Form:	CK #Rec#
	Date Total

## **Informational Medical and Family History Form 2022 - 2023**

Family's Last Name	Critical Medication, blood type & other pertinent		
Student's Full Name	Date of Birth	Food/Drug Allergies	medical information
Do you authorize St. Peter & St. (Initial one) YesNo		sport your child to a doctor	in case of emergency?
Does your child have a <b>physical</b> , (Examples of <b>physical</b> condition limbs, etc. <b>Emotional</b> conditions social anxiety, etc. <b>Behavioral</b> chyperactivity Disorder (ADHD),	s include permanen include clinically di onditions include At	tly impaired hearing, seeing, agnosed depression, bi-pola tention Deficit Disorder (ADI	speaking, movement of any r disorder, general anxiety, or
If yes, please provide important exists, please list all that apply the process of discovering if a cobehavioral signs/symptoms exh	nder the three cate andition does exist f	gories listed above. If you wi	ill soon be or currently are in
Does your child receive special of the special of t		Yes / No so provide important but bas	ic details regarding your child's
Family History Please answer these questions a help us to best serve your child from their experiences in the fa the family's living situation. Plea staff and will not be released in	and you. Often, a ch mily. We can better se realize these ans	nild's questions about faith a answer their questions if we swers will be kept confidention	nd Catholic teaching come have prior knowledge about al among the youth ministry
Please indicate your ma	<u> </u>	le	Divorced and re-married
<b>=</b> '	ne and my spouse (rne sometimes and nne sometimes and nne only (single or div		orced, joint custody)
3. Is your child adopted?	Yes No		
4. If yes to number 3, please -Is one of your child's pa -If yes, which parent?	arents a biological pa	arent? 🗌 Yes 🗌 No	
5. Is a parent deceased? [	Mother Fath	er	

# 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 2022 – 2023  Location: John Paul II Center, St. Peter & St. Paul 9135 Banyan Street, Alta Loma, CA 91737  Phone: 909-987-9312 Ext. 300	Church	**Please check one: Adult (18 and older) Youth (under 18)		
	(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:			
ΤΠ	Allergies/ Medical Problems/ Disabilities				
IABI	Is the participant taking any over the counter or prescriptions drugs?				
AL L	Please list and print clearly		nother sheet if necessary)		
MEDICAL LIABILITY	Please list any Allergies to medication or foods				
2	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 from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/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 <u>Confirmation Coordinator</u> (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. <u>I agree not to hold, St. Peter &amp; St. Paul Church, its leaders, employees</u> 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.				
РНОТО	I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said ever 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 <u>NOT</u> authorize any photos, videotapes or recordings of my child.				
PERMISSION	Parent/Guardian Signature Required (For Minors under 18)	Da	nte		
_	Signature of Participant Required (Youth or Adult)	Date			



# St. Peter & St. Paul Catholic Church CONFIRMATION CANDIDATE COMMINTMENT

As a baptized Catholic, I am preparing for reception of the Sacrament of Confirmation, by which I will be more perfectly bound to the Catholic Church and enriched with a special strength of the Holy Spirit to spread and defend the Faith as a witness of Christ.

As a candidate for Confirmation, I promise the following:

- I will approach my Confirmation journey with an open mind and an open heart.
- I will attend and willfully participate in all sessions and activities.
- I will be respectful of the leaders and facilitators of the program and show appreciation for their time and effort.
- I will show respect to those in my class who are on the journey with me.
- I will attend Mass every Sunday and on all holy days of obligation.
- I will accept more responsibility in my family, parish, and community by putting my talents and gifts at the service of others.
- I will commit to daily prayer, praying especially for growth in faith, hope, and love.
- I will learn and understand important teachings of the Church. (i.e. 5 steps to a good confession, the Nicene Creed, Fruits of the Spirit, Gifts of the Spirit, and more)

As I make these promises, I ask God to give me the grace to be open to His plans for my life, as He reveals to me in prayer, in my talents and aspirations, and in the encouragement of those who know and love me. I place myself in the loving embrace of the Father, Son and Holy Spirit in asking for help in fulfilling this commitment.

		/ /
Candidate's Name (print)	Candidate's Signature	Date
		/
Parent/Guardian's Name (print)	Parent/Guardian's Signature	Date

# Confirmation Requirements Please keep for your records

2022-2023

- Two Year Program
  - Must be Baptized and must have received First Communion by Confirmation date
  - o 3 semesters per year
- All classes offered Sundays 3:00- 4:30pm or Tuesdays 6:00-7:30pm
  - o Both sessions are the same lesson and only one per week is required
  - Students must follow their assigned schedule. In case of emergency, students may attend alternative session of the week only when the office has been notified ahead of time.
- Students must make up all classes missed.

### Service Requirement

- 21 per year
  - 7 Hours at home
  - o 7 hours at St Peter & St Paul (or any Catholic Church)
  - 7 hours in the community

### **Retreats**

- Retreat total (1 per year)
  - o Year One
    - Year 1 Retreat One Day
  - o Year Two
    - Year 2 Retreat Weekend

### **Youth Events**

Teens are invited to join special events throughout the year. Examples of such events are retreats, conferences, and fieldtrips. These events are NOT required but will help with the spiritual growth of the teen. A "Youth Event" cannot substitute any of the Confirmation Retreats mentioned above. More information on near the time of the events.

#### Parent Meetings

- 2 per year, orientation at beginning of year + middle of year update)
  - Sponsors are not required to attend. Sponsors will need to be present for Confirmation Mass and the rehearsal in addition to a one day Sponsor and Teen retreat.
  - Meetings will be held in place of class.

### **Sponsor Meeting**

- 1 student and sponsor session will be held in their second year of Confirmation. This will be done in the beginning of the second year. It is important students know who their sponsor is so they may journey together. Virtus
- All students must attend a Virtus classes (1 per year)
  - For students only
  - May opt out through parent request and signature. Form will be provided a week prior to Virtus training.