



Confirmation Registration Form

Class Year 2024-2025

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 to sign up)

Please select year: Year 1 Year 2

Preferred Meeting date: Sunday Tuesday

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

Student's Cell #: (_____) _____

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

Birthday: ____/____/____ School: _____ Grade in School: _____
(2024 – 2025 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: _____ Year 1 Year 2

Baptism Cert: Yes No Sponsor Form: Yes No

PAID

CK # _____ Rec# _____

Date _____ Total _____

Informational Medical and Family History Form 2024 – 2025

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	<p>Event: <u>Confirmation Sessions 2024 – 2025</u></p> <p>Location: John Paul II Center, St. Peter & St. Paul Church 9135 Banyan Street, Alta Loma, CA 91737</p> <p>Phone: <u>909-987-9312 Ext. 1202</u></p>
MEDICAL LIABILITY	<p style="text-align: right;">**Please check one:</p> <p><input type="checkbox"/> Adult (18 and older) <input type="checkbox"/> Youth (under 18)</p> <p>(Please Print) Participant's Name: _____ Date of Birth _____ / _____ / _____</p> <p>Parent's Name: _____ Phone #: _____ Cell or Work #: _____</p> <p>Emergency Contact Name: _____ Phone #: _____</p> <p>Family Physician: _____ Phone #: _____</p> <p>Insurance Company: _____ Policy No: _____</p> <p>Allergies/ Medical Problems/ Disabilities _____</p> <p>Is the participant taking any over the counter or prescriptions drugs? Please list and print clearly _____ <i>(Use another sheet if necessary)</i></p> <p>Please list any Allergies to medication or foods _____</p> <p>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/ or order an injection, anesthesia, or surgery for my child as deemed necessary.</p> <p>I understand all reasonable safety precautions will be taken at all times by the <u>Confirmation Coordinator (909-987-9312 Ext. 1202)</u> 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 & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.</u></p>
CONDUCT	<p>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.</p>
PHOTO	<p>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.</p> <p><input type="checkbox"/> By checking this box, I do NOT authorize any photos, videotapes or recordings of my child.</p>
PERMISSION	<p>_____ Parent/Guardian Signature Required _____ (For Minors under 18) Date</p> <p>_____ Signature of Participant Required _____ (Youth or Adult) Date</p>



St. Peter & St. Paul Catholic Church
CONFIRMATION CANDIDATE COMMITMENT

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

2024-2025

- Two Year Program
 - Must be Baptized and must have received First Communion by Confirmation date
- All classes offered Sundays 3:00- 4:30pm or Tuesdays 6:00-7:30pm
 - 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
 - 7 hours at St Peter & St Paul (or any Catholic Church)
 - 7 hours in the community

Retreats

- Retreat total (1 per year)
 - Year One
 - Year 1 Retreat – One Day
 - 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 may be asked to attend a formation day along with the teen. In addition, sponsors will need to be present for Confirmation Mass and the rehearsal.
 - 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 mid-year of their second year of formation. It is important students know who their sponsor is so they may journey together.

Safe Environment

- All students must attend Safe Environment Sessions (1 per year)
 - For students only
 - These are embedded into their yearly schedule.
 - May not opt out