

**Our Commitment**

"We are committed to sharing the Gospel message of Jesus with all the children and families of our multicultural parish, creating opportunities that unify us all in our diversity, respecting everyone through our different spiritual experiences."

**Welcome to Our Family of Faith!**

Thank you for choosing St. Joseph the Worker for your child's Religious Education and spiritual growth. We are dedicated to being your partner in your family faith formation. We are very happy to welcome your family to our parish program. Here are a few recommendations as you begin this journey with us.

- If you are new in our parish, please visit our parish website ([www.sjwchurch.com](http://www.sjwchurch.com)) for current information and the Mass schedule.
- If you would like to become a member of our parish, please call the Parish Center office (818.341.6634) to request a parish registration form and return it to the Parish Center mailbox or by U.S. mail.

**Registration Instruction, Requirements and Program Policies**

1. Confirmandi and their families are expected to attend Mass on Sundays and all Holy Days of Obligation. This is a firm requirement before recommendation for the Sacrament of Confirmation.
2. All families are asked to contribute at least 5 service projects each year while in the process
3. The following information/document must be provided / completed in their entirety to ensure placement in the process (see checklist below):

- Full registration packet including the supporting forms
- Copy of Birth Certificate, Baptismal Certificate and First Communion Certificate (Year 1 Only)
- Registration payment (Make check payable to : **St. Joseph the Worker** & write "**Confirmation**" on the memo line. \$100 per child or \$150 for two children (sibling discount). The check will be your receipt of payment.
- Be sure to write an email address clearly on the form since updates will be sent via email

4. Gather all forms, documents and check and drop at the **La Casita Room** (The converted garage room by the Parish Office that can be accessed by the small gate attached to the school building from the parking lot): **Thursdays from 5:15pm to 8:15pm and Sundays from 9:00am to 12pm.**
5. Full payment of the balance is due by **September 30, 2021**. Otherwise a \$15.00 late fee will be charged.
6. **NO** more than three absences during the year are permitted.

I have read the Religious Education Requirements and Program Policies.

Parent (Guardian) Name: \_\_\_\_\_

Confirmand Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Nuestro compromiso

"Estamos comprometidos a compartir el mensaje del Evangelio de Jesús con todos los niños y familias de nuestra parroquia multicultural, creando oportunidades que nos unan a todos en nuestra diversidad, respetando a todos a través de nuestras diferentes experiencias espirituales".

### ¡Bienvenido a Nuestra Familia de Fe!

Gracias por elegir a St. Joseph the Worker para la educación religiosa y el crecimiento espiritual de su hijo. Estamos dedicados a ser su socio en la formación de la fe de su familia. Estamos muy contentos de darle la bienvenida a su familia a nuestro programa parroquial. Aquí hay algunas recomendaciones para comenzar este viaje con nosotros.

- Si es nuevo en nuestra parroquia, visite el sitio web de nuestra parroquia ([www.sjwchurch.com](http://www.sjwchurch.com)) para obtener información actualizada y el horario de la misa.
- Si desea convertirse en miembro de nuestra parroquia, llame a la oficina del Centro Parroquial (818.341.6634) para solicitar un formulario de registro parroquial y devuélvalo al buzón del Centro Parroquial o por correo postal de los EE. UU.

### Instrucción de registro, requisitos y políticas del programa

1. Se espera que los Confirmandi y sus familias asistan a Misa los domingos y todos los Días Santos de Obligación. Este es un requisito firme antes de la recomendación para el Sacramento de la Confirmación.
2. Se les pide a todas las familias que contribuyan con al menos 5 proyectos de servicio cada año durante el proceso.
3. La siguiente información / documento debe proporcionarse / completarse en su totalidad para garantizar la ubicación en el proceso (consulte la lista de verificación a continuación):

- Paquete de registro completo que incluye los formularios de apoyo
- Copia de acta de nacimiento, acta de bautismo y acta de primera comunión (solo año 1)
- Pago de registro (Haga el cheque pagadero a: **St. Joseph the Worker** y escriba "**Confirmación**" en la línea de nota \$ 100 por niño o \$ 150 por dos niños (descuento para hermanos) El cheque será su recibo de pago.
- Asegúrese de escribir claramente una dirección de correo electrónico en el formulario, ya que las actualizaciones se enviarán por correo electrónico.

4. Reúna todos los formularios, documentos y revíselos y déjelos en el Salón La Casita (El garaje reformado junto a la Oficina Parroquial al que se puede acceder por la pequeña puerta adjunta al edificio de la escuela desde el estacionamiento): **Jueves de 5:15 pm a 8: 15h y domingos de 9h a 12h.**
5. El pago total del saldo vence antes del **30 de Septiembre de 2021**. De lo contrario, se cobrará un cargo por mora de \$ 15.00.
6. **NO** se permiten más de tres ausencias durante el año.

He leído los requisitos de educación religiosa y las políticas del programa.

Nombre del Padre de Familia / Guardian: \_\_\_\_\_

Confirmar Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

**St. Joseph The Worker Catholic Church**  
 19808 Cantlay St.  
 Winnetka, CA. 91306  
 (818)341-6634

<b>Payment Information / Información de Pago</b>	
Registration Fee / Cuota:	_____
<b>Paid by / Forma de pago</b>	
Check # / No. de Cheque:	_____
Cash / Efectivo <input type="checkbox"/>	CC / Tarjeta de crédito <input type="checkbox"/>

# Confirmation Year One [ 1 ]

## GENERAL REGISTRATION INFORMATION / INFORMACIÓN GENERAL DE INSCRIPCIÓN

### INFORMATION FOR CHILD OR YOUTH #1 / INFORMACIÓN SOBRE EL(LA) HIJO(A) #1

First Name / Primer Nombre	Middle Initial / 2 <sup>do</sup> Nombre (inicial)	Last Name / Apellido	Male / Masculino <input type="checkbox"/>
			Female / Femenino <input type="checkbox"/>
Cellphone # / No. de teléfono celular	Date of Birth / Fecha de nacimiento	Age / Edad	Sex / Sexo
Name of School / Nombre de la escuela o colegio	City / Ciudad	Grade / Grado	

**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form. / ¿Tiene usted alguno de los siguientes documentos sobre su hijo(a)? Si responde "sí", favor de proveer una copia junto a este formulario.**

Birth Certificate / Certif. de Nacimiento	Yes / Sí <input type="checkbox"/>	No <input type="checkbox"/>	Baptismal Certificate / Certif. de Bautismo	Yes / Sí <input type="checkbox"/>	No <input type="checkbox"/>	1 <sup>st</sup> Comm. Certificate / Certificado de 1 <sup>ra</sup> Comunión	Yes / Sí <input type="checkbox"/>	No <input type="checkbox"/>
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**What is the last year of Religious Education your child has attended?  
 Cuando fue la última vez que su hijo(a) estuvo inscrito en la educación religiosa?** \_\_\_\_\_

<b>Living Arrangements / El hijo (la hija) vive con:</b>	With both Parents / Ambos padres <input type="checkbox"/>	With Father / Con el padre <input type="checkbox"/>	With Mother / Con la madre <input type="checkbox"/>	With Guardian / Con su guardián <input type="checkbox"/>
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**Are there any custody issues or a restraining order in place?  
 ¿Hay alguna orden de restricción o caso de custodia legal pendiente?** Yes / Sí  No

If "yes", enclose a copy of the most recent applicable court order(s). / Si responde "sí", favor de proveer una copia de la orden de la corte.

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? / Dada la naturaleza de este programa, tiene su hijo(a) alguna limitación física, mental, emocional, de aprendizaje, o alguna restricción por la que la cual la parroquia debe hacer pequeños ajustes que permitan a su hijo(a) participar? Yes / Sí  No

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed? / Si responde "sí", que tipo de de restricciones tiene su hijo(a) y que tipo de cambios o ajustes se necesitan hacer?

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**PARENT OR GUARDIAN INFORMATION / INFORMACIÓN SOBRE EL PADRE, MADRE O GUARDIÁN**

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Father or Guardian First and Last Name / *Nombre y apellidos(s) del padre* Email / *Dirección de correo electrónico*

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Address / *Dirección* City / *Ciudad* Zip Code / *Código postal*

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Cellphone # / *No. de teléfono celular*

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Mother or Guardian First and Last Name / *Nombre y apellidos(s) de la madre* Email / *Dirección de correo electrónico*

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Address (if different) / *Dirección (si no es la misma)* City / *Ciudad* Zip Code / *Código postal*

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Cellphone # / *No. de teléfono celular*

**PARENT OR GUARDIAN SIGNATURE / FIRMA DEL PADRE, MADRE O GUARDIÁN**

By signing this document, I give permission for my child/children/youth to participate in this faith formation program, whether conducted onsite or online. / *Al firmar este documento doy permiso para que mi hijo o hija participe de este programa de formacion en la fe, ya sea de forma presencial o en línea.*

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Signature / *Firma*

Date / *Fecha*

## St. Joseph the Worker Catholic Church Parent Consent

Please print the Candidate's **full name** on the line below. Please provide the name of the insurance carrier and policy number of the carrier. We prefer to have a photocopy of the insurance card.

I hereby permit \_\_\_\_\_ to participate in the St. Joseph the Worker Confirmation Process. Should it be necessary for my child to have medical emergency treatment while participating in the activities, I hereby give my consent to the attending physician. I understand that any insurance benefits that are effective have limited application. I also permit for my child's photograph and/or Video to be taken during Youth Ministry Activities, as long as it is not sold, rented or released to external organizations except in our Parish Bulletin or related Parish websites.

I hereby release and discharge the Archdiocese of Los Angeles, St. Joseph the Worker Church and its Agents/Volunteers from any liability whatever resulting from or in any manner arising out of any injury or damage that may be sustained on account of my child participating in any Youth Ministry activity or the transportation connected therewith.

**I understand that if my child is found in possession of, or is suspected of using, drugs or alcohol, disobeys the standard regulations of the Confirmation Process, or behaves in a disrespectful or inappropriate manner, I will be contacted and my child will be removed from the activity immediately. Repeat offenses will result in my child being excused from the Confirmation Process. A Candidate may be allowed to return the following year.**

I also understand that this consent covers all Youth Ministry related activities from July 1, 2021 through July 1, 2022.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### EMERGENCY CONTACT

Name and telephone number of person to be contacted in an emergency	
Name:	Telephone: (    )

### CANDIDATE INSURANCE INFORMATION

Name of Health Insurance Carrier:	
Policy #:	
Name of Family Physician:	Telephone: (    )



**St. Joseph the Worker Catholic Church  
Payment Agreement**

1. **Fees:** The fee to cover the Confirmation Process is \$100 per Session year for 1 Candidate or \$150 for 2 Sibling Candidates registered for the same Session year . **No cash payment is allowed.** You will be responsible for covering any bank fees charged to the church for checks issued by you but returned by our bank. Make check or Money Order payable to St. Joseph the Worker Church.

You may drop off completed forms with check at the Parish Center or mail to:

**St. Joseph the Worker  
Attn: Youth Ministry  
19808 Cantlay St.  
Winnetka, CA 91306**

**The Confirmation fee is due at the time of registration.**

2. **Refunds:** There is no Fee refund after the Candidate is registered to the Process. The only exception is if the Candidate is unable to continue the process by November 1, 2021 due to life altering illness, disability or death. Supporting documents will be required.
3. **Reason for fee:** The fee will cover the at cost expenses including materials. Therefore we are saving you money by charging all expenses at once and can register the required events using the “early bird” discounts. (Other Parishes will request a lower fee but will charge their retreats and events separately which can increase their end cost significantly).

**I fully understand and agree to the terms listed above.**

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Print Name of Parent

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Signature of Parent

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Date

# Sponsor Information

## *To be completed by the Sponsor!*

In preparation to take part in a sacrament of the Catholic Church. The Catholic Church believes that being a Sponsor is an extremely important role. Because of the importance attached to this role, the Church asks that you as a Sponsor meet the following requirements:

1. Be at least 16 years old.
2. Not be a parent of the child.
3. Be already strengthened yourself with the sacraments of **Baptism, Confirmation, and First Holy Communion.**
4. Be committed to a life in harmony with the faith and your role.
5. Be willing to accept, freely, the responsibility of supporting this family and the child in the faith.

By my signature I attest and affirm that I meet with the requirements to be a Sponsor in the Catholic Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Congratulations! This is a great moment in your life. To be selected as a Sponsor is a great privilege. At the same time, it carries profound responsibility because it is in a real sense a spiritual parenthood. Through prayer, word, example, and companionship with the one you sponsor, you are asked to show in a very personal way what it means to be a follower of Christ on His Way of Love. You must be for the one you sponsor a teacher and a role model in the ways of this belief. This is a serious commitment and a lifelong relationship! May this deep sharing of faith be for you and the one you sponsor a means of spiritual growth.

Name of the Person You Will Sponsor:		Relationship to the Person You Will Sponsor:	
Your Name (Please Print):		Age:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:			
Church Where You Are a Registered Member or Are Attending Mass:			
✠ Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No, Church of Your Baptism:			
City:		State:	
✠ Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No, Church of Your Confirmation:			
City:		State:	
Are You Married? <input type="checkbox"/> Yes <input type="checkbox"/> No    If you are married, were you married in the Catholic Church: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Church where you were married:			
City:		State:	



**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

***This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):***

**Name of Location:** ST. JOSEPH THE WORKER (WINNETKA, CA.)

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

Confirmation and Youth Ministry

**Duration of Release:** July 1, 2021 to July 1, 2022

***This section to be completed by Parent/Guardian:***

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:** yes no **Voice:** yes no **Name:** yes no **Work:** yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_