

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) 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
- 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.** Cash is not recommended since the Parish Office does not carry cash for change.
- 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 **Parish Office Mail Box** (Be sure to enclosed the forms & payments inside an envelope & made attention to "Youth Ministry". For in-person registration, go to the school patio on: **Thursdays from 5:30pm to 8:30pm or Sundays from 9:00am to 12pm. (Starting June 2, 2022)**
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 unen a todos en nuestra diversidad, respetando a todos a través de nuestras diferentes experiencias espirituales”.

¡Bienvenidos 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 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) para obtener información actualizada y el horario de misas.
- 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 devolverlo al buzón del Centro Parroquial o por correo de los EE. UU.

Instrucciones 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 Precepto. Este es un requisito firme antes de la recomendación para el Sacramento de la Confirmación.
2. Se 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 respaldo

Pago de inscripción (Haga el cheque a nombre de: St. Joseph the Worker y escriba "Confirmación" en la línea de la nota. \$100 por niño o \$150 por dos niños (descuento para hermanos). El cheque será su recibo de pago. El efectivo no es recomendado ya que la Oficina Parroquial no lleva dinero en efectivo para el cambio.

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 cheques y déjelos en el buzón de la oficina parroquial (asegúrese de incluir los formularios y pagos dentro de un sobre y preste atención a "Ministerio Juvenil". Para registrarse en persona, vaya al patio de la escuela en : Jueves de 17:30 a 20:30 o Domingos de 9:00 a 12:00 (A partir del 2 de junio de 2022)

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: _____

Confirmando Nombre: _____ Fecha: _____

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

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

Confirmation Year Two [2]

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 ^{do} 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	

What is the last year of Religious Education your child has attended?
Quando fue la última vez que su hijo(a) estuvo inscrito en la educación religiosa? _____

Living Arrangements / El hijo (la hija) vive con:
 With both Parents / Ambos padres
 With Father / Con el padre
 With Mother / Con la madre
 With Guardian / Con su guardián

Are there any custody issues or a restraining order in place? Yes / Sí No
¿Hay alguna orden de restricción o caso de custodia legal pendiente?

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?

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

Father or Guardian First and Last Name / Nombre y apellidos(s) del padre

Email / Dirección de correo electrónico

Address / Dirección

City / Ciudad

Zip Code / Código postal

Cellphone # / No. de teléfono celular

Mother or Guardian First and Last Name / Nombre y apellidos(s) de la madre

Email / Dirección de correo electrónico

Address (if different) / Dirección (si no es la misma)

City / Ciudad

Zip Code / Código postal

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 formación en la fe, ya sea de forma presencial o en línea.

Signature / Firma

Date / Fecha

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): St. Joseph the Worker

St. Joseph the Worker, Winnetka, CA. 91306 - Youth Ministry & Confirmation Process, June 1, 2022 to Aug. 31, 2023

Place and Date of Event/Trip: _____

Activity: Field Trip Retreat Other (specify) Confirmation Purpose: _____

Description of Activity: Youth Ministry & Confirmation Related Activities See Attached: _____

Mode of Transportation: N/A Total Field Trip Cost \$ N/A

Teacher/Adult Leader: J.P. Fernandez Attire: Casual

Minor's Name: _____

Address: _____

Date of Birth: _____ Male Female Grade _____

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions _____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

To be filled in by Location

To be filled in by parent/guardian



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:			
<input checked="" type="checkbox"/> Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No, Church of Your Baptism:			
City:		State:	
<input checked="" type="checkbox"/> 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:	