

### St. Joseph the Worker Catholic Church - 2

### Year Two Confirmation Process Registration 2018-2019

Today's Date: \_\_\_\_\_ Family Envelope / Parish Registration #: \_\_\_\_\_

**Please provide a photocopy of the following document(s):**

<b>1) Baptism Certificate (front and back)</b>	<input type="checkbox"/> Need a photocopy	<input type="checkbox"/> On File
<b>2) First Holy Communion Certificate</b>	<input type="checkbox"/> Need a photocopy	<input type="checkbox"/> On File

**CANDIDATE**

Name: \_\_\_\_\_  

First
Middle
Last

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Candidate lives with: \_\_\_\_\_ (If not the parents)

Language(s) spoken at home: \_\_\_\_\_

**Candidate's Baptismal Information:**

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Baptismal Church Address: \_\_\_\_\_

**FATHER**

Name: \_\_\_\_\_ Father's Religion \_\_\_\_\_  

First
Last

Address, if different from the Candidate's: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile/Home Telephone: (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

Is Father Divorced? \_\_\_\_\_ Remarried? \_\_\_\_\_ Deceased? \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_ Mother's Religion \_\_\_\_\_  

First
Last (Maiden Name)

Address, if different from the Candidate's: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile/Home Telephone: (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

Is Mother Divorced? \_\_\_\_\_ Remarried? \_\_\_\_\_ Deceased? \_\_\_\_\_

## St. Joseph the Worker Catholic Church Parent Consent

Please write 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 hereby release and discharge the Archdiocese of Los Angeles, St. Joseph the Worker Parish employees and agents, both expressed or implied 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 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 Confirmation activities from July 1 2018 through July 1, 2019.

\_\_\_\_\_

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 Faith Into Action Agreement

**The Confirmation Process is about knowing your faith AND developing the power of the Holy Spirit within you to serve the Lord and those in need. It is important for both you and the parish to visibly recognize that the Holy Spirit is moving within you. Three important actions you will commit to will be Mass Attendance, Service Hours, and Sacrificial Giving.**

**Prayer and Worship:** Confirmation is based in the parish because Candidates are to become active participants in the faith community. The Eucharist is the real presence of God and provides the spiritual nourishment needed to develop the Holy Spirit. All Candidates will be required to attend Mass together, seated as a group, during the 11:30am Youth Mass. They are also required to attend retreats, Sacrament of Reconciliation, Living Rosary, Stations of the Cross, Holy Thursday procession etc.

**Service Projects: Confirmand must complete at least three (3) service projects this year based on the schedule and present a reflection paper as proof of attendance. Parents / Sponsors are encouraged to attend the service projects with the Confirmand.**

**Sacrificial Giving:** Everything we have is a gift from God. The way to demonstrate this belief is to show gratitude. Besides service, another way is financial giving. All Candidates will be expected to offer a minimum of \$25 from their own funds to support the work of the Church by supporting the needy parishes of the Archdiocese of Los Angeles through the Together in Mission collection which runs from February to November each year.

**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

Date

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Print Name of Candidate

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Signature of Candidate

Date

## Archdiocese of Los Angeles Emergency Release Information

Name of child: \_\_\_\_\_  
  First  Last

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

### List four (4) adults you authorize to pick up your child

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Relation: \_\_\_\_\_

### Allergies or Medication and Instructions

Allergies:

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Medication and Instructions:

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**St. Joseph the Worker Catholic Church  
Sponsor Information Sheet**

**TO BE COMPLETED BY THE CONFIRMATION SPONSOR**

Name of Confirmation Candidate:		Sponsor's relationship to Candidate:	
Sponsor's Name:			Age:
Address:			
City:		State:	Zip Code:
Home Telephone: ( )		Work Telephone: ( )	
Church where you are registered or are attending Mass:			
Church of your Baptism:			
City:			State:
Church of your Confirmation:			
City:			State:
If you are married, were you married in a Catholic Church: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please attach a copy of your marriage certificate.</b>			
Church where you were married:			
City:			State:

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

1. **Fees:** The fee to cover the Confirmation Process is \$160 per person or \$250 for a sibling (2+) discount for this year. **No cash payment since we do not carry any change.** 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 payable to St. Joseph the Worker.

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**

If needed, we can allow monthly installments as long as the full payment of \$160 or sibling discount of \$250 for 2 or more will be received by November 30, 2018.

2. **Refunds:** There is no Program Fee refund after the first Candidate Session, if your child is dismissed from the Confirmation Process or chooses to no longer attend
3. **Reason for fee:** The fee will cover the at cost expenses including retreat, materials, registration to Archdiocesan events and transportation. 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

Date