

July 12, 2020

Dear Parents and Candidate,

We welcome you and thank you for taking up the call of Christ by completing your Confirmation process with our Parish. As you are all aware, we may conduct the upcoming sessions in a different way due to the COVID-19 situation. Therefore, just note that our meetings may be conducted via zoom or in the Parish Hall with safety protocols once we are allowed to have in person sessions.

In order to register for the upcoming sessions, please review the following:

-Complete the enclosed registration forms and drop it in the Parish Office's mailbox (next to the parish office door) with your registration payment. We are only accepting check or money order (your check or money order will be your receipt) payable to "St Joseph the Worker Church". The amounts are in the registration packet. Kindly put all your documents along with your payment inside a large envelope and mark "Confirmation" on the outside of the envelope.

-Note that the Parish Office is currently closed to the public until we get authorization to open from the local government and the Archdiocese of Los Angeles.

-Be sure to write a good email address on your registration form that we can use during the year since we may be doing remote zoom sessions.

-Year 1 Parent and Candidate meeting will be on **Tuesday, September 22, 2020** from **7pm to 8:30pm**. I will email you before if the meeting will be via zoom or inside the Parish Hall if applicable.

-Year 2 Parent and Candidate meeting will be on **Thursday, September 24, 2020** from **7pm to 8:30pm**. I will email you before if the meeting will be via zoom or inside the Parish Hall if applicable.

Feel free to email me at jpf@sjwchurch.com should you have any questions regarding this matter.

Sincerely,

Jon Fernandez

JP Fernandez

Coordinator of Youth Ministry and Confirmation

**GENERAL REGISTRATION INFORMATION /
 INFORMACIÓN GENERAL DE INSCRIPCIÓN**

CONFIRMATION YEAR [1]

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"/>

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	

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 st Comm. Certificate / Certificado de 1 ^{ra} 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?** _____


Living Arrangements / El hijo (la hija) vive con:	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?



ST. JOSEPH THE WORKER
SAN JOSE OBERO / GIÁO XỨ THÁNH GIUSE THỘ / SAN JOSE ANG MANGGAGAWA

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*

Home Phone # / *No. teléfono de casa* Work Phone # / *No. teléfono de trabajo* 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*

Home Phone # / *No. teléfono de casa* Work Phone # / *No. teléfono de trabajo* 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*

St. Joseph The Worker Catholic Church

EMERGENCY INFORMATION FORM / FORMA DE INFORMACIÓN PARA EMERGENCIAS

(A separate form must be completed for each child. / Esta forma debe de ser completada por cada hijo(a).)

Child or Youth Full Name / Nombre completo del hijo(a)

If a parent or guardian can't be reached in an emergency, please contact: / Si el padre, madre o guardián no pueden ser contactados en una emergencia, favor de contactar a:

First and Last Name / Nombre completo

Relationship to child or youth / Parentesco con el hijo(a)

Emergency contact phone # / No. de teléfono de contacto para emergencias

Name of Family Doctor / Nombre del médico familiar

Phone # / No. de teléfono

Name of Family Dentist / Nombre del dentista familiar

Phone # / No. de teléfono

Medical Insurance Carrier / Compañía aseguradora de salud

Carrier Policy # / No. de póliza

Group # / No. grupo

Medical Insurance Address Information / Dirección de la compañía aseguradora de salud

Phone # / No. de teléfono

List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none". / Enumere cualquier condición médica que restrinja la actividad física o requiera atención especial o algún tipo de ajuste menor. Incluya afecciones como el asma o alergias (por ejemplo: al maní, las picaduras de abejas, etc.) Si no hay ninguna, sírvase indicar "ninguna".

Does your child or youth take any medications? / ¿Está su hijo(a) tomando algún medicamento? Yes / Sí No
If "yes", please provide a list. / Si responde "sí", provea una lista de medicamentos.

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

By signing this form, I understand that the parish does not assume responsibility for payment of physician. However, in an emergency the parish may choose a physician. In an emergency, I give the parish permission to have my child(ren) or youth receive medical treatment. / Al firmar esta forma, entiendo que la parroquia no asume responsabilidad financiera por los servicios de un(a) doctor(a). Sin embargo, en una emergencia, doy permiso a la parroquia para que seleccione a un doctor(a). En caso de emergencia, doy permiso para que la parroquia obtenga tratamiento médico para mi(s) hijo(s) o hija(s).

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 (Candidate's Name) _____
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 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, sickness (including Virus /Endemic /Pandemic Outbreaks) 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 local authorities (example: wearing of face mask), 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 Activities from **July 1, 2020** through **September 1, 2022**.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

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

1. **Fees:** The fee to cover the Confirmation Process is \$160 per Session year for 1 Candidate or \$250 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, 2020 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 retreat, materials, registration to Archdiocesan events etc. 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.

Print Name of Parent

Signature of Parent

Date

**St. Joseph the Worker Catholic Church
Candidate Interview Questionnaire**

*Please write answers to these questions and include with the application.
You may use the back of this questionnaire if you need more space or you may copy and paste these
questions into a new document and type your answers. Be sure to include your name.*

Name _____

1. Are you enrolling of your own free will and desire to be confirmed? *Circle one:* Yes No
2. Why do you want to enter the Confirmation Process?
3. How are you practicing your faith now and what does it mean to you? Please include as many ways as you can think of. *(Examples: How do you pray? Do you receive Communion and go to Confession and what are your experiences?)*
4. How do your parents support you in being Catholic?
5. What talents, gifts, or qualities do you share with our community? If you have not shared your gifts yet, in what way would you like to?
6. What is one mystery regarding your Catholic faith that you have always wanted to ask about and have explained?