

**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):

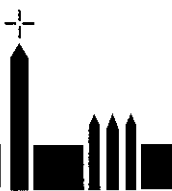
- Full registration packet including the supporting forms
- Registration payment (Make check payable to : **St. Joseph the Worker** & write "**Confirmation**" on the memo line. \$100 per child or \$150 for two children (sibling discount). **The check will be your receipt of payment.** Cash is not recommended 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 1, 2024)**
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: \_\_\_\_\_



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

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

<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"/>
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**CONFIRMATION YEAR [ 2 ]**

**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?** \_\_\_\_\_

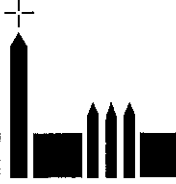
<b>Living Arrangements / El hijo (la hija) vive con:</b>	With both Parents / Ambos padres <input type="checkbox"/>	With Father / Con el padre <input type="checkbox"/>	With Mother / Con la madre <input type="checkbox"/>	With Guardian / Con su guardián <input type="checkbox"/>
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**Are 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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Home Phone # / *No. teléfono de casa* Work Phone # / *No. teléfono de trabajo* 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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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.*

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Signature / *Firma*

Date / *Fecha*

**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 Catholic Church, Winnetka, CA. 91306

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:**

Youth Ministry and Confirmation related activities

**Duration of Release:** \_\_\_\_\_

*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: \_\_\_\_\_



## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

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

Place and Date of Event/Trip: St. Joseph the Worker Church, June 1, 2024 to August 31, 2025

Activity: Field Trip  Retreat  Other (specify) Regular Meetings Purpose: \_\_\_\_\_

Description of Activity: Youth Ministry & Confirmation Related Sessions See Attached: \_\_\_\_\_

Mode of Transportation: n/a Total Field Trip Cost \$ n/a

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

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



**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 completa 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 / Parentazgo 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

# 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:	

Note: Sponsors are expected to be married in Church (if married) and be able to receive the Sacrament of Holy Communion during Masses.