

Sacrament of Confirmation
Registration Form Year 1
St. Cornelius Catholic Church
2017-2018

(Please type or print clearly)

Name of Candidate: _____ Age: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: () _____ Cell or other: () _____

Birthdate: _____ High School Attending this FALL: _____ Grade: _____

Is there anything you would like to share with us about your son/daughter that would help us to better serve them? (i.e. disabilities, health issues {seizures, allergies, medications, etc.} or recent changes in their life that might affect their experience in Class) _____

Father's Full Name: _____
Last First Middle

Mother's Full Name: _____
Last First Middle

Mother's Maiden Name: _____

Parent's Email: _____
(Email is our primary source of communication – please provide an email address that is checked regularly)

Church of Baptism: _____ Date of Baptism: _____
Please attach a copy of the Baptismal Certificate (Required)

Address of Church of Baptism: _____

Church of First Communion: _____ Date of Communion: _____
Please attach a copy of the 1st Communion Certificate (Required)

For Office Use Only

YEAR ENTERED INTO PROCESS: _____

FEE PAID: \$75.00 – check # _____ cash # _____

Saint Report Completed on: _____ Service Report: _____

Baptismal Certificate:

1st Communion Certificate:

Confirmation Year 1 – Calendar Dates 2017-2018*

September	September 10 th 1:30- 6:00	Confirmation Class LARGE HALL Parent / Candidate Meeting – Registration
October	October 8 th 1:30- 6:00	Confirmation Class LARGE HALL
	October 21 st 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
November	November 12 th 1:30- 6:00	Confirmation Class LARGE HALL Ritual of Promise at 5pm Mass with Sponsors
(Mandatory)	November 14 th	GUEST SPEAKER -Fr. Rob Galea
December	December 2 nd 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
	December 10 th 1:30- 6:00	Confirmation Class LARGE HALL
January 2017	January 21 st 1:30- 6:00	Confirmation Class LARGE HALL
February	<u>February 9th – 11th</u>	<u>Confirmation Retreat</u>
	February 18 th 1:30- 6:00	Confirmation Class LARGE HALL
March	March 3 rd 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
	March 11 th 1:30- 6:00	Confirmation Class LARGE HALL
	March 15 th	YOUTH DAY – Religious Ed Congress Anaheim Convention Center
April	April 8 th 1:30- 6:00	Confirmation Class LARGE HALL

* Dates are subject to change / EACH student MUST attend at least 2 LIFETEEN nights
Mr. Mike Schmidt - StCorneliusYM@gmail.com

Confirmation Year 1 Check-List

Please make sure the following items are returned in order to complete the registration process. The forms may be returned on the first day of class. Regretfully, teens will **NOT** be allowed to attend class without the required forms and fees.

- **Registration Form**
- **Baptismal Certificate** - please provide us with a copy, even if from St. Cornelius.
- **First Communion Certificate** - please provide us with a copy, even if from St. Cornelius.
- **\$75.00 Registration Fee** - cash or check (made out to St. Cornelius)
- **Confirmation Process PERMISSION Form**
- **Permission / Opt-Out form for Touching Safety Program** - please make sure you have circled *does* or *does not have permission*.
- **Sponsor Information Sheet** - needs to be turned in as soon as possible. Please start thinking of an acceptable sponsor for your teen. Sponsors should be making this journey **WITH** your teen the entire two years and beyond.

We thank you in advance for your help in getting the above forms and information.

Many Blessings,

St. Cornelius Confirmation Team

StCorneliusYM@gmail.com

562-420-7613

**ARCHDIOCESE OF LOS ANGELES
CONFIRMATION PROCESS PERMISSION FORM**

St. CORNELIUS CATHOLIC CHURCH; 5500 E WARDLOW RD LONG BEACH CA 90808 (562)421-8966

Candidate Name _____ **Date of Birth** _____ **Female** _____ **Male** _____

Address _____ **City** _____ **Zip** _____ **Phone ()** _____

Participant is in general good health & able to participate in all activities: **YES** _____ **NO** _____ (if no, list limitations on back)

ALLERGIES: (please write **yes** or **no** next to each)

HAY FEVER _____ **ASTHMA** _____ **POISON IVY** _____ **SULFA** _____ **CONVULSIONS** _____

PENICILLIN _____ **BEE STING** _____ **OTHER** _____

If any of the above is yes, please submit a statement of how the child has been treated and with what medication.

Operations or Serious Injuries: _____ **Dates:** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) / guardian(s) of _____, a minor, do hereby authorize **Cristy Hull or other St. Cornelius Staff Member**, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the Archdiocese of Los Angeles, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also give my child permission to self-medicate except for medications that are listed on the back of this form. I understand that the Director of this event will dispense any medications so listed.

This authorization is given pursuant of the provisions of section 25.8 of the civil code of California.

This authorization shall remain effective from **September 1, 2017 to August 30, 2019**

Signature of Parent(s) / Guardian(s): _____ **Date:** _____

Telephone During Event () _____ **Cell Phone ()** _____

Another person to contact in case of emergency: _____ **Phone ()** _____

Family Health Insurance Co: _____ **Policy #:** _____

HEALTH AND MEDICAL RELEASE FORM

ST. CORNELIUS CATHOLIC CHURCH; 5500 E. WARDLOW ROAD, CA 90808 (562) 421-8966
(Youth Participants)

Name _____ Date of Birth _____ Female _____ Male _____

Address _____ Zip _____ City _____ Phone (____) _____

Participant is in general good health & able to participate in all activities: YES _____ NO _____ (if no, list limitations on back)

ALLERGIES (please write yes or no next to each)

HAY FEVER _____ ASTHMA _____ POISON IVY _____ SULFA _____ CONVULSIONS _____

PENICILLIN _____ BEE STING _____ SEIZURES _____

OTHER _____ DIABETIC _____

If any of the above are yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed on the back of the form.

Operations or Serious Injuries: _____ Dates: _____

Please notify **CRISTY HULL** or other Program Director if this child has been exposed to any communicable disease during the three weeks prior to the event.

***Vegetarian Diet Requested _____ (yes or no)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize **CRISTY HULL or other St. Cornelius Staff Member**, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the Archdiocese of Los Angeles, or any of its agents or employees, recourse for the payment of any resulting hospital, medial or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also give my child permission to self-medicate except for medications that are listed on the back of this form. I understand that the Director of this event will dispense any medications so listed.

This authorization is given pursuant of the provisions of section 25.8 of the civil code of California.

This authorization shall remain effective from **September 1, 2017 – August 30, 2019**

Signature of Parent(s)/Guardian(s): _____ Date: _____

Telephone During Event (____) _____ Cell Phone (____) _____

Another person to contact in case of emergency/relationship: _____

Phone _____ Family Health Insurance Co: _____

Policy #: _____ Group #: _____

BEHAVIOR CONTRACT

1. There will be respect for Property. Property shall not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. There will be Concern for Safety and Respect for the Law. There will be no non-prescription drugs or alcohol consumed or in any teens' possession. There will be no physical abuse of others or foul language. Fighting of any kind will not be permitted.
3. There will be cooperation and participation. Everyone will get the most of this opportunity if we respect each other and participate.

If one of the guidelines is not adhered to, appropriate action will be taken. One possible action will be that the teens involved will have their parents/guardian called to make arrangements for transportation home as soon as possible.

I have read and I understand this policy:

TEEN: _____

DATE: _____

PARENT/ GUARDIAN: _____

DATE: _____

Touching Safety / Safe Environment Training Permission / Opt- Out Form

St. Cornelius Office of Religious Education will present, yearly, a sexual abuse prevention program to our students. We may use the *Touching Safety* program from the creators of the *Protecting God's Children*TM program. Or, we may present the Archdiocese of Los Angeles' Self-protection Program developed by Sr. Mary Elizabeth Galt, BVM, Chancellor for the Archdiocese. These programs are provided to us by the Archdiocese of Los Angeles and are part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The lessons are being offered to all students K – 8 and Confirmation years one and two. As a parent, you have the right to choose whether your student participates. We encourage you to read the attached "overview" so you'll be aware of the nature of the *Touching Safety* program. If you have questions about the program, please contact Evelyn Padian at (562)420-7613. If you determine that you DO want or you DO NOT want your child to participate, please indicate your choice at the bottom of this page and return it with your child's registration. **The forms will be on file in the Religious Education office and will remain in effect throughout your child's enrollment in the St. Cornelius Religious Education program. You may change/rescind your decision at any time provided you do so in writing.** Dates for the training will be announced in advance and using the Parent Guide as reference, you might like to discuss the training with your child(ren).

For more information on the *Touching Safety* program, visit the VIRTUS *Online*TM website at www.virtus.org. To review the Archdiocese's Self-Protection program, visit the Archdiocesan website www.la-archdiocese.org and follow the link for Protecting God's Children.

Permission / Opt-out form for use with the Touching Safety/Safe Environment programs:

St. Cornelius Office of Religious Education (**circle one**) **DOES** / **DOES NOT** have my permission to present the *Touching Safety / Safe Environment* program to:

Student Name: _____

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____