

**Confirmation**

**Year 2**

**Registration**

**is due**

**August 26, 2018**

**Please drop off in the Religious  
Education Office or the Rectory**

# Confirmation Year 2 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**

- € **\$85.00 Early Registration Fee** – (if paid by August 26, 2018) **\$100.00**  
(if paid between August 27<sup>th</sup> through September 7, 2018) **\$120** (if paid  
after September 7, 2018)

*Please make all checks payable to St. Cornelius Church – write your child's name on memo section.*

- € **Baptismal Certificate (copy)** – only if not provided during Yr. 1 class.

- € **First Communion Certificate (copy)** – only if not provided during Yr. 1 class.

- € **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. Sponsors should be making this journey WITH your teen the entire two years and beyond.

- € **Sponsor's Confirmation Certificate**-please provide us with copy, even if from St. Cornelius.

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

Many Blessings,

*Cristy Hull*

Cristy Hull

Director of Youth Ministry/Confirmation

St. Cornelius Catholic Church

[Cristyhull@gmail.com](mailto:Cristyhull@gmail.com) /562-420-7613

# Confirmation Year 2 – Calendar Dates 2018–2019\*

September 2018	September 16 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL Parent Meeting – Small Hall
October	October 14 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
	October 20 <sup>th</sup> 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
November (Mandatory)	November 8 <sup>th</sup>	GUEST SPEAKER – David Calavitta
	November 11 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL Noon Mass Commitment Promise with Sponsors
December	December 15 <sup>th</sup> 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
	December 16 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
January 2019	<u>January 18<sup>th</sup> – 20<sup>th</sup></u>	<u>Confirmation Retreat</u>
	January 13 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
February	February 17 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
March	March 10 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
	March 16 <sup>th</sup> 5pm Mass – 8:30	<i>LIFE TEEN Life Night (Saturday)</i> LARGE HALL
	March 21 <sup>st</sup>	YOUTH DAY – Anaheim Convention Center
April	April 14 <sup>th</sup> 9:00 – 1:00	Confirmation Class LARGE HALL
May	Rehearsal & Confirmation Dates TBD	

\* Dates are subject to change / EACH student MUST attend at least 2 LIFETEEN nights  
Cristy Hull ~ 562-420-7613 ~ [Cristyhull@gmail.com](mailto:Cristyhull@gmail.com) – Andrés Cortez [StCorneliusYM@gmail.com](mailto:StCorneliusYM@gmail.com)

*Sacrament of Confirmation*  
**Registration Form Year 2**  
*St. Cornelius Catholic Church*  
2018-2019

(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)

*(Disregard the following if provided during Year 1)*

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 1<sup>st</sup> Communion Certificate (Required)*

**For Office Use Only**

Year Entered into Process: \_\_\_\_\_ CONFIRMATION DATE: \_\_\_\_\_

Saint Report Completed: \_\_\_\_\_ Service Report Completed: \_\_\_\_\_

FEE PAID: \$ \_\_\_\_\_ - check # \_\_\_\_\_ cash # \_\_\_\_\_

Candidate's Confirmation Name: \_\_\_\_\_

Presiding Bishop: \_\_\_\_\_

**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 \_\_\_\_\_ SEIZURES \_\_\_\_\_ DIABETIC \_\_\_\_\_ 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: \_\_\_\_\_

Vegetarian Diet Requested \_\_\_\_\_ (yes or no) Special Dietary Needs \_\_\_\_\_

**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, 2018 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 #: \_\_\_\_\_

# 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*<sup>TM</sup> 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*<sup>TM</sup> website at [www.virtus.org](http://www.virtus.org). To review the Archdiocese's Self-Protection program, visit the Archdiocesan website [www.la-archdiocese.org](http://www.la-archdiocese.org) and follow the link for Protecting God's Children.

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## 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: \_\_\_\_\_