



ALL SAINTS CHURCH
22824 Second Street Hayward, CA 94542
YOUTH CONFIRMATION REGISTRATION



YEAR 1 ___ YEAR 2 ___ TEAM _____

TEENAGER'S NAME: _____ **EMAIL:** _____ **CELL:** _____
 OK to text: Yes ___ No ___

DATE OF BIRTH: _____ **AGE:** _____ **NAME OF SCHOOL:** _____ **GRADE:** _____

SACRAMENTS: *If sacrament not receive at All Saints Church, please attach copies of both certificates.*

BAPTISM: YES ___ NO ___ **DATE:** _____ **WHERE:** _____

FIRST COMMUNION: YES ___ NO ___ **DATE:** _____ **WHERE:** _____

FATHER'S NAME: _____ **EMAIL:** _____ **CELL:** _____

MOTHER'S NAME: _____ **EMAIL:** _____ **CELL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

If your teen lives with someone other than parents, please fill out Guardian's contact information.

GUARDIAN'S NAME: _____ **EMAIL:** _____ **CELL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMERGENCY CONTACT: In the event I cannot be reached in an emergency, I give permission to the following adult(s):

NAME: _____ **RELATIONSHIP:** _____ **CELL:** _____

NAME: _____ **RELATIONSHIP:** _____ **CELL:** _____

To authorize by his/her signature whatever medical treatment may be considered necessary by attending physician for my/our minor child. ***Please sign on back of form.***

FOR OFFICE USE ONLY

REGISTRATION FEES:

PAYMENTS:

| | PARISHIONER | NON-PARISHIONER | DEPOSIT \$AMT: _____ DATE: _____ CHECK#: _____ |
|---------|-------------|-----------------|---|
| 1 CHILD | \$100 | \$125* | PAYMENT AMT: _____ DATE: _____ CHECK#: _____ |
| 2 CHILD | \$150 | \$175* | PAI D IN FULL \$: _____ DATE: _____ CHECK#: _____ |
| 3 CHILD | \$200 | \$225* | CERTIFICATES/FORMS ATTACHED: |
| RETREAT | \$100 | | BAPTISM : _____ FIRST COMMUNION: _____ SPONSOR: _____ |

PARENTAL/GUARDIAN AGREEMENT:

As the parent(s)/guardian(s) of the minor child listed on this form, I hereby give my permission for his/her participation in any and all confirmation activities. I agree to direct my child to cooperate and conform to directions and instructions of Confirmation personnel responsible for Confirmation activities. I agree that in the event my child is injured as a result of his/her participation in the Confirmation activities, including transportation to and from those activities, whether or not caused by the negligence of the parish/school Confirmation program, 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, or medical insurance, or any available benefit of mine/ours.

EMERGENCY TREATMENT SIGNATURES:

MOTHER'S SIGNATURE: _____ DATE: _____

FATHER'S SIGNATURE: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____ DATE: _____

I have read the information included in this packet and I agree to all conditions required for my child's participation in the confirmation program, including regular mass attendance and attendance of all parent information meetings and family activities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

"The family is the domestic church. In it parents should, by their word and example, be the first preachers of the faith to their children..." - Lumen Gentium

Dogmatic Constitution on the Church, Vatican Council II , 1964

OFFICE NOTES:

Please return this form with registration fee to:

Tess Miciano
All Saints Church
22824 Second St.
Hayward, CA 94541
Phone: (510) 581-2570 ext.120
Email: tessm_120@yahoo.com

