



**ALL SAINTS CHURCH**  
**22824 Second Street Hayward, CA 94541**  
**YOUTH CONFIRMATION REGISTRATION**



YEAR 1 \_\_\_ YEAR 2 \_\_\_ TEAM \_\_\_\_\_

**TEENAGER'S NAME:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

***FOR OFFICE USE ONLY***

Parish Registration # \_\_\_\_\_

**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*	<b>CERTIFICATES/FORMS ATTACHED:</b>
RETREAT	\$100		BAPTISM : _____ 1st COM: _____ SPONSOR: _____ SERVICE HOUR: _____

**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:**

Delores Nnam  
All Saints Church  
22824 Second St.  
Hayward, CA 94541  
Phone: (510) 581-2570 ext.121  
Email: [dnnam.allsaints@gmail.com](mailto:dnnam.allsaints@gmail.com)

