



ALL SAINTS CHURCH  
22824 Second Street  
Hayward, CA 94541



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

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

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OK to text? Yes \_\_\_ No \_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME OF HIGH SCHOOL: \_\_\_\_\_

SACRAMENTS: Please attach copies of both certificates. If sacraments were received at All Saints Church, please note and provide dates if possible.

BAPTISM: YES \_\_\_ NO \_\_\_ DATE: \_\_\_\_\_ WHERE: \_\_\_\_\_

FIRST COMMUNION: YES \_\_\_ NO \_\_\_ DATE: \_\_\_\_\_ WHERE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

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 that I (we) cannot be reached in an emergency, I (we) give permission to the following adult(s):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_

FOR OFFICE USE ONLY

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

REGISTRATION FEES:

PAYMENTS:

	Parishioner	Non Parishioner	Amount: \$ _____	Payment Type: _____	DATE: _____
1st Child	\$100	\$125			
2nd Child	\$150	\$175			
3rd Child	\$200	\$225			

CERTIFICATES/FORMS ATTACHED:

BAPTISM: \_\_\_ 1st COM: \_\_\_ SPONSOR: \_\_\_ SERVICE HRS. \_\_\_

RETREAT (FOR YEAR 2) \$125

Notes:

PARENTAL/GUARDIAN AGREEMENT:

As the parent(s)/guardian(s) of the minor child listed on this form, I (we) 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:

I (we) authorize by signature, to whatever medical treatment may be considered necessary by the attending physician for my/our child.

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I (we) have read the information included in this packet and I (we) 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(S)/GUARDIAN(S) SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN

\_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN

"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

Please return this form with registration fee(s) to:

Delores Nnam  
All Saints Church  
22824 Second Street  
Hayward, CA 94541  
Phone (510) 581-2570 ext. 120  
Email: dnnam.allsaints@gmail.com

