



ALL SAINTS CHURCH
 22824 Second Street
 Hayward, CA 94541



YEAR 1___ YEAR 2___ TEAM___

TEENAGER'S NAME: _____ Male _____ Female _____

TEEN'S EMAIL: _____ TEEN'S PHONE: _____ OK to text? Yes___ No___

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

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: _____ PHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ PHONE: _____ EMAIL: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

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

GUARDIAN'S NAME: _____ EMAIL: _____ PHONE: _____

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 # _____

REQUIRED REGISTRATION FEES:

Parishioner	Non Parishioner
1st Child \$100	\$125
2nd Child \$150	\$175
3rd Child \$200	\$225

PAYMENTS:

Amount: \$ _____ Payment Type: _____ Ck. # _____ DATE: _____

CERTIFICATES/FORMS ATTACHED:

BAPTISM: _____ 1st COM: _____ SPONSOR: _____ SERVICE HRS. _____

RETREAT (FOR YEAR 2) \$125

Notes:

PARENTAL/GUARDIAN AGREEMENT:

SIGNATURES REQUIRED

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 – Church Office Support
All Saints Church
22824 Second Street
Hayward, CA 94541
Phone (510) 581-2570 ext. 120
Email: dnam.allsaints@gmail.com
ENGLISH ConfirmationRegistration 2020-21 8-31-19

