



To
St. Joseph

**Confirmation
Registration
Packet
2014-2015**



The Sacrament of Confirmation

Confirmation is a sacrament that deepens our faith and allows us to see how the Holy Spirit is working in our life. It enlivens the gifts that we received at our Baptism.

The Confirmation program at St. Joseph is a two-year process with enrollment of high school students.

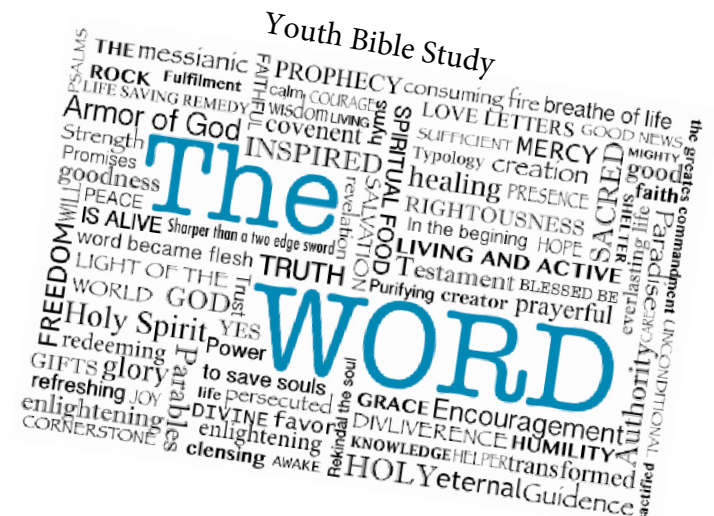
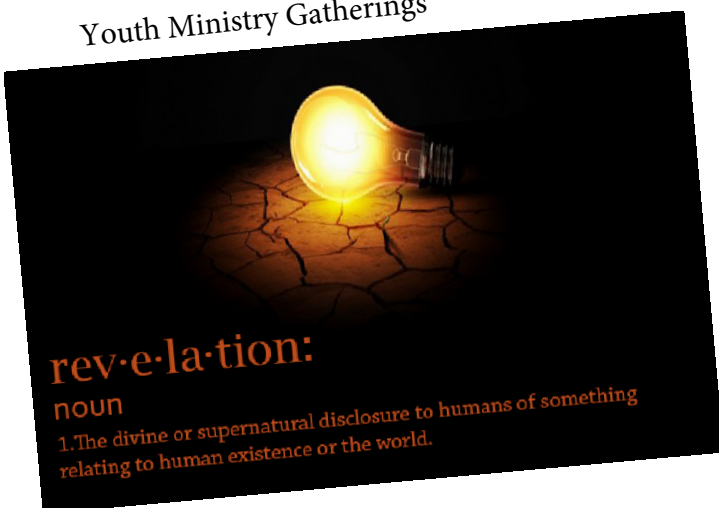
The program starts in October and concludes in the Spring.

Our process is a comprehensive one, as the journey of faith is more than just head knowledge, although we study Scripture (every teen receives a Catholic Youth Bible) and the Youcat (catechism of the Catholic Church for youth), but we also explore and understand our faith through active worship experiences, retreats, service to others, and sharing our faith and lives within community and within our family.

The goal of the Confirmation process is for every teen to ask questions, search for God in their own individual way; coming to their own understanding of how much God loves them and how the Catholic Church helps them grow closer to God through the sacraments and community.

Confirmation Students will also be involved in youth ministry events at St. Joseph - including weekly:

Youth Ministry Gatherings





Directions for Completing the Packet On-Line:

If you are viewing this on your computer, you have successfully downloaded and opened the file.

If you are viewing this on a Macintosh, please make sure you are viewing it in Adobe Acrobat Reader and not the built in "Preview" program. The Preview program will not allow you to type directly on the forms. If necessary, close the program, launch Adobe Acrobat Reader and then go to the File menu and open the document through Adobe Acrobat Reader.

Navigating/ Moving through the pages:

To save time, you can use the TAB key to move from one field to the next. Fields that you can type in are designated as blue boxes.

To jump to specific pages in the Table of Contents by moving your cursor to that item and clicking on it.

Viewing pages easier:

You can **zoom** pages to view easier if necessary by using the + or - options next to the 100% on the tool bar.

Entering Information:

Any fields that are duplicated throughout the forms only need to be entered once. For example, once you type in your child's name, it will automatically fill in every other occurrence throughout the packet automatically and save you time. Any information in a field can be changed by highlighting the text in the field and typing again.

Printing:

You can either print the entire document and fill it out by hand or complete the document on-line and then print it out and then submit it with your payment and baptismal certificate (if required).

Print pages as you work through the packet. . . . Adobe Acrobat Reader does not save!

Returning the forms:

After you have printed the required forms, please make sure you have signed them and turned them in by the deadline:

Important Registration Dates:

First date to submit packets and payments: July 1, 2014

Please submit packets by September 1, 2014 to avoid \$25 late fee.

St. Joseph Confirmation Registration Check Off List 2014-2015

Please return the following documents to St. Joseph Rectory beginning JULY 1, 2014.

All forms will need to be completed in full, dated, signed and returned with your full payment and copy of baptismal certificate if required. in order to facilitate your 2014-2015 registration,

Confirmation Family Information return

Teen Registration form - Return

Fees Page - Return with full payment

Parent Volunteer Form - Return

General Consent Form - Return

Virtus "Teaching Touching Safety"
Program . Permission Form- Return

Parish Registration Form - Return if you
want to register for St. Joseph Parish

Media/Photo Authorization - Return

Please include a check for total fees made out
to "St. Joseph Religious Education"

Student Behavior Guidelines - Return

Family Last Name:

Permission Slips for Confirmation
Activities Please print, complete, sign and return

Teen#1 First Name:

Crop Walk(Oct) Permission Slip-
Life Teen Participant Agreement
Inspiration/Magic Mountain and Magic
Mountain Permission Slip (Nov) - please
complete both forms for Magic Mtn.

Teen#2 First Name:

Teen#3 First Name:

**Once your registration form has been
received and been accepted, you will
receive via email:**

**RETREAT Permission Slip and Behavior
contract** (please print, complete, sign and return -
indicating which retreat your teen will be attending.

*Welcome Letter

* Important Orientation Dates for Confirmation

* Confirmation/Teen Handbook

Confirmation Retreat Permission Slip
Behavior Contract - Retreat

(Receipt of these will need to be signed and
returned via email or dropped off to the
Religious Education Office).



St. Joseph Confirmation
 Family Registration Form
 6180 East Willow Street - Long Beach, CA 90815
 (562)598-0519 confirmation@stjosephlb.org

FAMILY BASIC INFORMATION

| | | |
|-------------------|------|-------------|
| Family Last Name: | | |
| Street Address: | | |
| City: | Zip: | Home Phone: |
| Family Email: | | |

Our main form of communication is through email, please inform us of any changes.

Parent/Guardian Information

| | | |
|-----------------------|--------------------------|--|
| Mother's First Name: | | |
| Mother's Maiden Name: | Mother's Last Name: | |
| Mother's Cell Phone: | Mother's Religion: | |
| Mother's email: | Mother's Marital Status: | |
| | | |
| Father's First Name: | Father's Last name: | |
| Father's Cell Phone: | Father's Religion: | |
| Father's Email: | Father's Marital Status: | |
| | | |

Emergency Information

In the event of an emergency, if parents cannot be reached, please contact the following persons:

| | | |
|---|------------------------|--|
| Local Emergency Contact Name: | | |
| Local EC Relationship: | Local EC Phone: | |
| Out of State Emergency Name: | | |
| Out of State EC Relationship: | Out of State EC Phone: | |
| Adults to whom the child may be released: | | |
| Adults to whom the child may NOT be released: | | |

MEDICAL INFORMATION

| | | |
|---------------------------|---------------|--------------------|
| Health Ins. Carrier Name: | Group Number: | Subscriber Number: |
| Dr. Name: | | Dr. Phone: |

Consent for Medical Treatment: I understand that the St. Joseph Office of Religious Education does not assume responsibility for payment of physicians. However, in an emergency, the office may choose a physician. In an emergency, I give the office personnel permission to have my child receive medical treatment

Parent Signature

Date



Teen Registration

| | | | | | | |
|--|----------------|------------------------|-----------------------|--|-----------------------|--------|
| Teen#1 First Name: | | Teen Last Name: | | | M/F: | |
| Birthdate: | | High School: | | | Grade in Fall: | |
| Teen Cell Phone: | | | Cell Provider: | | | |
| Year 1: | Year 2: | Needs Baptism: | | Needs 1st Communion: | | |
| Allergies/Special Needs: | | | | | | |
| Anything Special teacher should know: | | | | | | |
| T-shirt Size: | Small | Medium | Large | X-Large | XX-Large | Other: |
| • Teen Email: | | | | | | |
| • Teen Twitter: | | | | | | |
| • Teen Facebook: | | | | | | |
| • Other Social Media: | | | | | | |

| | | | | | | |
|--|----------------|------------------------|-----------------------|--|-----------------------|--------|
| Teen#2 First Name: | | Teen Last Name: | | | M/F: | |
| Birthdate: | | High School: | | | Grade in Fall: | |
| Teen Cell Phone: | | | Cell Provider: | | | |
| Year 1: | Year 2: | Needs Baptism: | | Needs 1st Communion: | | |
| Allergies/Special Needs: | | | | | | |
| Anything Special teacher should know: | | | | | | |
| T-shirt Size: | Small | Medium | Large | X-Large | XX-Large | Other: |
| • Teen Email: | | | | | | |
| • Teen Twitter: | | | | | | |
| • Teen Facebook: | | | | | | |
| • Other Social Media: | | | | | | |

| | | | | | | |
|--|----------------|------------------------|-----------------------|--|-----------------------|--------|
| Teen#3 First Name: | | Teen Last Name: | | | M/F: | |
| Birthdate: | | High School: | | | Grade in Fall: | |
| Teen Cell Phone: | | | Cell Provider: | | | |
| Year 1: | Year 2: | Needs Baptism: | | Needs 1st Communion: | | |
| Allergies/Special Needs: | | | | | | |
| Anything Special teacher should know: | | | | | | |
| T-shirt Size: | Small | Medium | Large | X-Large | XX-Large | Other: |
| • Teen Email: | | | | | | |
| • Teen Twitter: | | | | | | |
| • Teen Facebook: | | | | | | |
| • Other Social Media: | | | | | | |

Parent Volunteer Form

To have any successful Religious Education Program, parent involvement is essential. In registering your child you are at the same time committing yourself to his/her faith formation.

All parents are expected to participate in this program to the best of your ability. We ask that you volunteer at least three times during the year, one of those being the Parish Fair.

Family Last Name:

Home Phone:

Family Email:

I would like to volunteer for: (Please check all that apply)

Full or Part Time Opportunities that provide Tuition Savings:

Catechist/Team Teacher

Classroom aide

Substitute Catechist

As Catechist/Team Teacher teaching weekly - You get Full discount for one teen registration fee (\$80)- plus $\frac{1}{2}$ off all other children in Early childhood/Elementary Program (You could also be a catechist in the *Elementary/Early Childhood/Middle School Program*)

As Classroom Aide helping weekly - You get 1/2 off one child registration fee

As substitute catechist - You get $\frac{1}{2}$ off one child (as long as you serve at least 8 times during the year) If you end up substituting more Sundays, we will negotiate the fee.

Other Volunteer Opportunities (No Tuition Savings, but a lot of appreciation for your generosity!)

- Hospitality Ministry** - Set Up Coffee/Donuts For Various Sundays
- Set-up for various events in the Hall during the year.** Come early to help set up tables and sometimes set up hospitality. (Usually between 8-8:30 - so that we are done in time for 9am mass)
- Assist with Retreats as Chaperone** (one of the most rewarding ministries I have ever been involved with - You do not have to be the chaperone in your teen's cabin - we need chaperone's in other cabins as well! You will not be hovering over your teen! They will have total privacy!) (You do not have to pay for the retreat!)
- Assist with Retreats as cooks.** You will not be hovering over your teen! They will have total privacy (You do not have to pay for the retreat!)
- Parish Fair:** We are asking every family to serve in Sweet Booth for a 2 hour shift
- Vacation Bible Camp** - Usually 1st week of July (after 4th) - As catechist, decorations, crafts, so many ways to share your gifts in this fun ministry! 1 week (9-12am the first week of July (after July 4th))
- Other Gifts I have that I would like to share:**



Teaching Touching Safety Permission Form

TO: Parents

FROM: St. Joseph Religious Education

SUBJECT: Opportunity to allow your teen to participate in the Child Abuse Prevention Program

DATE: September 2014

St. Joseph Religious Education Program will present a sexual abuse prevention program to our students. This program is provided to us by the Los Angeles Archdiocese, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your student participates. If you have questions about the program or the lesson, please contact Nancy Longo at (562)598-0519.

Please indicate below whether you wish your teen to participate in this program.

Dates scheduled for this program will be announced at orientation.

For more information visit the VIRTUS *Online*™ website at www.virtus.org.

Permission for participating in the Touching Safety program:

| | | |
|--------------------------|--|--|
| Teen#1 First Name | <input type="checkbox"/> I am <input type="checkbox"/> I am NOT | allowing my child to participate in the Protecting God's Children Child Abuse Prevention Program |
| Teen#2 First Name | <input type="checkbox"/> I am <input type="checkbox"/> I am NOT | allowing my child to participate in the Protecting God's Children Child Abuse Prevention Program |
| Teen#3 First Name | <input type="checkbox"/> I am <input type="checkbox"/> I am NOT | allowing my child to participate in the Protecting God's Children Child Abuse Prevention Program |

Family Last Name

Parent's Signature:

Date:



**St. Joseph Church
Religious Education Programs
Media/Photo Release Form**

Our Religious Education/Confirmation Catechists will be following our students throughout their Confirmation Process by documenting on film their time spent in classes and activities such as Workshops, Celebrations, Advent, Christmas, Open House, Stations of the Cross, Easter, retreats, service projects, praise and worship events, masses, conferences and other teen events. The photos and videos will be used primarily for bulletin boards, slideshows and Open House advertising at St. Joseph and will not be published on the World Wide Web.

I, hereby, authorize the making of photographs and videos of said events and my participation therein, and the publication or use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I also understand that these items will be used solely for memorializing the event and nothing else.

Family Last Name:

Teen#1 First Name:

Teen#2 First Name:

Teen#3 First Name:

Signature of Parent or Legal Guardian

Date



ST. JOSEPH RELIGIOUS EDUCATION

STUDENT BEHAVIOR GUIDELINES

The following guidelines have been established to ensure a positive learning environment for students, catechists, and aides:

1. Students will agree to cooperate as follows:
 - Be respectful of the catechists, aides, and fellow classmates.
 - Listen attentively and participate in the lesson.
 - Follow instructions and show a positive attitude in cooperating with catechists, aides and classmates.

2. Behavior not acceptable:
 - Being rude to catechist or another person.
 - Speaking out of turn or interrupting catechist.
 - Misusing another's personal property or items in the room not to be touched.
 - Walking or standing around room when it is time to be seated.

3. Procedure when unacceptable behavior is identified:
 - Student will be asked by catechist to stop the unacceptable behavior (First incidence).
 - If student continues behavior, he/she will be asked again to stop behavior and name will go on board.
 - If behavior continues, the catechist will not say anything to the student, but will place a check by name (this will be the final warning).
 - If student still continues to be uncooperative, the student will be taken **by another adult** to the Director's office.

4. Procedure for notifying parent of unacceptable behavior:
 - Director will speak to student to gather information regarding incident from student's perspective.
 - Director will speak with the catechist to ascertain what has occurred from his/her perspective.
 - A decision will be made as to whether or not the student may return to class or must stay in the office until class is over.
 - If the student must stay in the office, the parent will be asked to pick up their child at the Director's office for further discussion.
 - Should the behavior continue on a regular basis, the parents and Director will discuss what further action should be taken

Family Last name:

Teen#1

Teen#2

Teen#3

Parent Signature

Date



CROP WALK PERMISSION SLIP

I, _____ give my permission for my son/daughter
(please print first and last name)

_____ to attend the St. Joseph Church Confirmation
(please print first and last name)

Year I & II Candidate 5K CROP Walk for Hunger. To start at St. Joseph Church following the 12:30 pm Mass. Candidates, Sponsors and Catechists will be competing/walking with **St. Cyprian Catholic Church and other local churches. Walk start time will be 2:00 pm on October 26, 2014 . The path will be determined at a later date and you will receive a map. We should be done by 3:30 in the afternoon.**

I hereby release and agree to hold harmless the above named parish, or any of its advisors, chaperones, or persons connected with the churches from any liability, claims, damages for personal injury, property/loss damage which may result during this event.

SIGNATURE: _____ DATE: _____

AUTHORIZATION OF MEDICAL TREATMENT

_____ Birth date _____
Please print Youth's first and last name

_____ Address _____ City _____ State _____ Zip Code _____

Insurance Company _____ Policy Number _____

Physician: _____ Dr. Phone: _____

Specific medical allergies, chronic illness or other conditions: _____

As the parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, physical impairment, cause disfigurement or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Home Phone _____ Cell Phone _____

Signature _____ Date _____



Minor Permission & Release Form

St. Joseph Catholic Church—Long Beach, CA

Event/Program: *Conf Retreat – Temescal Gate Way Park – Pacific Palisades*

Year 2 Retreat - January 16 to January 18, 2015

Year 1 Retreat - Feb 28 to March 1, 2015

(Please Print)

Participants Name: _____ Date of Birth _____

Name of Parent/Guardian: _____ Home No: _____ Work No _____

If I cannot be reached, call: _____ Phone No: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy No: _____

I, the Parent/Guardian of _____ hereby give my permission for her/ his participation in the above named activity. I agree to direct my TEEN to cooperate and conform to directions and instructions of parish, school or archdiocesan personnel responsible for this activity.

As a condition of my teen being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Joseph Catholic Church, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary for my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

I, hereby authorize the making of photographs, motion pictures, video, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I give permission to the coordinator of youth ministry and the adults who serve on the youth ministry team to contact my son/daughter using any appropriate means, including electronic mail, with information regarding program reminders, upcoming events or other opportunities or activities in which my son/daughter may be interested to participate.

Parent's/Guardian's Signature

date



Behavior Contract for Teen: _____ Confirmation Retreat

Everyone who attends any event presented or sponsored by St. Joseph Youth Ministry or Confirmation process is encouraged to participate actively and behave appropriately so that all will have the chance to safely enjoy this special year of ministry. Nobody really likes rules or consequences, but to be fair it's best if we all know what is expected.

RESPECT FOR PROPERTY – Property of St. Joseph Parish Community or retreat site we are renting should not be damaged, marked or vandalized in any way. Care should be taken to leave the area in at least as good as the condition in which it was found. Please make an effort to dispose of trash in the proper receptacles. Personal property should not be damaged or borrowed without permission. Take care in not leaving personal belongings behind.

CONCERN FOR SAFETY AND RESPECT FOR THE LAW – There will be no non-prescription drugs, tobacco, or alcohol consumed or in any teen's possession at any time. There will be no physical abuse of others or foul language. Participants are expected to demonstrate Christian values and behavior at all times. Areas designated for females are for females only. Areas designated for males are for males only. There is to be no infringement of these boundaries. There are to be no weapons. Fighting of any kind will not be permitted. There is zero tolerance if the law or any of these guidelines are infringed upon.

APPROPRIATE DRESS CODE: All participants and parents are expected to dress in a fashion that represents modesty and good taste, respecting other participants and our Lord. Clothing must cover all undergarments and midriffs.

COOPERATION AND PARTICIPATION – Everyone will get the most out of the experiences offered this year if we respect each other and participate. Cooperation will be important throughout the year. Punctual arrival allows for maximum participation. Likewise, leaving early is not permitted unless a parent makes prior arrangements with the group coordinator. Inappropriate dress can cause distractions and appropriate clothing should be worn at all times. Cell phones can also cause distraction, hinder participation and will never be necessary during sessions or events. If one of these guidelines is not adhered to, appropriate action will be taken. One possible action will be that the teen(s) involved will have his/her parents or guardian called and will make arrangements for immediate transportation home. In addition, a meeting with parents and teen may be arranged to determine other possible action: for example destruction of property would require repayment of damages.

I have read and understand this policy:

Teen's Signature date

Parents Signature date



Please mail to:
Life Teen Inc.
 6105 Blue Stone Road Suite B
 Atlanta, GA 30328
 P: 404-252-8815
 paperwork@lifeteen.com

PARTICIPANT AGREEMENT

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____
 FIRST NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____
 PHONE #: _____
 EMAIL: _____
 BIRTH DATE: _____
 SEX: MALE FEMALE
 PARISH: St. Joseph _____
 DIOCESE: Los Angeles _____

HEALTH INFORMATION:

DOCTOR: _____
 DOCTOR PHONE #: _____
 INSURANCE CO.: _____
 INSURANCE ID #: _____
 INSURANCE GROUP #: _____
 CARDHOLDER'S NAME: _____

PARTICIPANT'S ALLERGIES (including meds and food):

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes, epilepsy)

PARTICIPANT'S OTHER PHYSICAL RESTRICTIONS (if any):

PARENT / GUARDIAN INFO: (if participant is a minor)

CONTACT NAME: _____
 PHONE #: _____

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the LIFE TEEN Inc. ("LIFE TEEN") I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of LIFE TEEN's agreement to permit me/my child to participate in The Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge LIFE TEEN and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in The Event which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The Event;
2. Agree to indemnify, defend and hold harmless LIFE TEEN and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in The Event including my/his/her travel to or from The Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of LIFE TEEN's permission to allow me/my minor child to participate in The Event;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. LIFE TEEN reserves the right to decline to accept or retain me/my child in The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event in the sole discretion of LIFE TEEN's agents and representatives. In such an event, no refund will be made for any unused portion of The Event. I understand that LIFE TEEN, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The Event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge LIFE TEEN of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. By completing the form, I hereby authorize LIFE TEEN to obtain any necessary medical treatment to myself/my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize LIFE TEEN to release medical information about me/my child to any person or entity to whom LIFE TEEN refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to LIFE TEEN my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in The Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at LIFE TEEN's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____
 Print Name: _____
 Dated: _____

PERMISSION SLIP

(Must be completed)

Youth Ministry "Inspiration", Saturday, Nov. 8, 2014 \$50 Donation for Inspiration, Magic Mountain

I, _____ give permission for my son/daughter
(please print first and last name)
_____ to attend St. Bartholomew/St. Joseph Youth
Ministry. (please print first and last name)

I hereby release and agree to hold harmless the above named parish, or any of its advisors, chaperones, or persons connected with the trip from any liability, claims, damages for personal injury, property/loss damage which may result during this event.

SIGNATURE: _____ DATE: _____

AUTHORIZATION OF MEDICAL TREATMENT

Youth's first and last name Birth date

Address City State Zip Code

Insurance Company _____ Policy Number _____

Physician: _____ Dr. Phone: _____

Specific medical allergies, chronic illness or other conditions: _____

As the parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, physical impairment, cause disfigurement or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Home Phone _____ Cell Phone _____

Signature _____ Date _____



Confirmation Fees 2014-2015

Please Note: Full Registration fee is due at Registration

Basic Fee Rate

Cost per student: \$300 per year. This will include all resources including the retreat (transportation, lodging, food, resources, etc.)

Unfortunately, due to retreat site regulations and costs; we do not receive any discounts for siblings. We pay a per person fee. Therefore, we must charge a per person fee for Confirmation.

- If there are any issues regarding payment at the time of registration, please talk to Olga or Fr. Jim.
- Please make all checks payable to: **St. Joseph's Religious Education**



General Consent Page

Family Last Name: _____

| | | |
|---|-----------|------------|
| Are you registered at St. Joseph? | Yes No | Envelope # |
| If no, which parish are you registered at? | | |
| Why did you choose this program? | | |
| Would you like to register your family at St. Joseph Parish? | Yes No | |
| Please complete the Parish Registration Form (attached) | | |
| Please list all family members living at home including parents; give ages of all children: | | |

As a parent, I would like to know more about the Catholic Faith. I or my spouse would be interested in:

Information on the Rite of Christian Initiation for Adults, (RCIA).

Having our marriage blessed in the Catholic Church.

Receiving the Sacrament of Confirmation.

All Parents:

My child has permission to participate in the St. Joseph Religious Education Program and I understand that I am expected to volunteer for 3 events including the Parish Fair in the RE Booth

Early Childhood Parents: I understand that I must remain on campus during class Rosters (consisting of Student/Parent Name, phone and email) may be distributed in classes.

My family will respect all parish property and follow the traffic and parking patterns.

REMINDERS:

✠ A copy of your child's Baptism Certificate is required for first time registrants.

Parent

Signature: _____ **Date:** _____

St. Joseph Parish Registration Form

| | | | |
|---------------------|-------------|--------------|--|
| Family Name: | | Date: | |
| Address: | City | Zip | |
| Telephone | | Email | |

| List Only those Living with you (Include Last name if different) | Date of Birth | Religion | Baptized Y or N | Communion Y or N | Confirmation Y or N | Occupation |
|--|---------------|----------|--------------------|---------------------|------------------------|------------|
| Head | | | | | | |
| Spouse | | | | | | |
| Children | M/F | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Others living with you - relation | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Confidential Parish Census