

St. Michael

Youth Confirmation Registration 2018-2019

Name of the student must match the Birth Certificate

Students Name _____ Middle _____ Last _____

Street Address _____ Apt# _____
City _____ Zip Code _____ Students Cell Phone#(_____) _____

Students Email _____ @ _____ Male _____ Female _____

Date of Birth ___/___/___ Birthplace(City) _____ State _____

Name of School _____ City of School _____ Grade _____

Standard T-Shirt Size: Small _____ Medium _____ Large _____ Extra Large _____ XXL _____ Other _____

Student Lives with Both Parents ___/Mom ___/Dad ___/other _____

Emergency Contact Information

PERSONS OTHER THAN PARENTS AUTHORIZED TO BE NOTIFIED AND/OR TO PICK UP MY/OUR TEENAGER(S) IN CASE OF AN EMERGENCY:

NAME _____ LAST _____ RELATIONSHIP _____ PHONE#(_____) _____

NAME _____ LAST _____ RELATIONSHIP _____ PHONE#(_____) _____

Birth Father _____ Step-Father _____ If Step-Father please give Birth Fathers Name _____

Fathers Name _____ Middle _____ Last _____

Work#(_____) _____ Cell#(_____) _____

Email _____ @ _____

Birth Mother _____ Step-mother _____ If Step-Mother please give Birth Mothers Name _____

Mothers Name _____ Middle _____ Last _____

Mothers Maiden Name _____

Work#(_____) _____ Cell#(_____) _____

Email _____ @ _____

Are you registered at St. Michael Parish? Yes _____ No _____ Elsewhere _____

Please note if not registered please fill out St. Michael registration form.

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Session Day

EVERY TEEN IS REQUIRED TO ATTEND CONFIRMATION SESSIONS EVERY OTHER WEEK. THEY CAN SIGN UP FOR EITHER A TUESDAY EVENING OR SUNDAY AFTERNOON SESSION. PLEASE CHECK THE SESSION YOUR TEEN WOULD LIKE TO ATTEND:

___ TUESDAY 6:00-8:00 PM LARGE HALL

___ SUNDAY 2:00-4:00 PM LARGE HALL/SMALL HALL

If you choose Tuesday First Year. Second year will be on Tuesday.

****Confirmation Tuition-\$480 for a full two years****

****THESE FEES INCLUDE THE OVERNIGHT RETREAT FEES****

PLEASE MAKE CHECKS PAYABLE TO: **ST. MICHAEL CHURCH**

CASH, CHECKS OR VISA/MC

THESE FEES DO NOT INCLUDE EVENTS/TRIP FEES, AND CONFIRMATION PICTURE FEES.

Please check the option in which you would like to pay:

___ Single payment at registration for \$480.

___ Two payments of \$240. First payment due at registration. Second payment due August 31,2019

___ Four equal payments of \$120. First payment due at registration. Second payments due in March 2019. Third payment due in July 2019. Final payment is due in January 2020.

Please note a copy of Birth Certificate, Baptismal and First Eucharist Certificates Must accompany all registration forms. Those who have done their sacraments at St. Michael can request copies from our Church Office. Registration forms will NOT be accepted without CERTIFICATES.

Office use only:

Birth Certificate ___ **Baptismal Certificate** ___ **First Eucharist** ___ **Flocknote Confirmed** ___

Registration Date _____ Check# _____ Receipt# _____

Session Day Selected _____

**Diocese of Oakland- St Michaels Faith Formation
PARENTAL PERMISSION & RELEASE FORM**

**Parental Permission and Acknowledgment of Conditions for
Participating in Program**

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in all Youth Ministry(Lifeteen) and /or Confirmation Events/retreats/Conferences/Youth Trips with St. Michael Parish July 1,2018- December 31,2020, and all related activities, including but not limited to transportation to and from this youth ministry.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry /Confirmation staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, Youth Ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY
AGREEMENT**

In consideration for being permitted to participate in all Youth Ministry(Lifeteen) and/or Confirmation Events/retreats/Conferences/Youth Trips with St. Michael Parish July 1,2018- December 31,2020, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest on behalf of the minor child agrees

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

Parent/Guardian Signature _____ Date _____

Diocese of Oakland- St Michaels Faith Formation

HEALTH & MEDICAL INFORMATION

Medical Plan Number _____

Address _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes ___ No ___

State any reasons why you do not want medical care given to your child in an emergency:

Has your child had difficulty with the following (circle all that apply):

- Digestion Lungs Throat Asthma Fainting Spells Convulsions Diabetes
Heart Eyes Ears Nose
Other _____

List any physical restriction or restrictions for any activity on the basis of medical condition:

State the date of your child's last physical examination _____

Food Allergies or Medication Allergies: please specify _____

Emergency Care Information

Please list any additional information here regarding the health and wellbeing of your child:

Photo Model Release Statement



Youth Ministry & Faith Formation Activities and events and for the resulting photographs and/or videotaped footage to be edited, if necessary and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of all Youth Ministry(Lifeteen) and/or Confirmation Events/retreats/Conferences/Youth Trips with St. Michael Parish July 2018- June 2020.

_____ **I hereby GRANT** permission for my child(ren) named on this form to be photographed and/or videotaped

_____ **I hereby DECLINE-** Permission for my child(ren) named on this form to be photographed and /videotaped

Name of Child(ren) _____

I have read this Agreement and understand everything written above.

Parent/Guardian Signature _____ **Date** _____

Parent Survey

Name: _____

Phone: _____

Email: _____

Child/Children's names: _____

1. I consider myself a...
 - Practicing Catholic who follows the teachings of the church
 - Person who was raised Catholic, but not actively practicing
 - Not Catholic
 - Not religious

2. I am enrolling my child in Faith Formation/Youth Ministry because...
 - I want them to encounter Jesus and learn to live a Christian life
 - It's a family "coming of age" tradition to receive First Communion
 - It is more important to someone in my life that my child receives religious education than it is to me.

3. Praying every day with my child is something that I ...
 - Definitely try to do.
 - Do not do, but would like to start
 - Do not do, and do not wish to do

4. Going to Mass on every Sunday and Holy Day of Obligation is...
 - Sometimes hard, but is important to do
 - Something we try to do at least once per month
 - A rare occurrence in our household.

5. My spouse and I have received Baptism, First Communion and Confirmation
 - Yes, both of us.
 - No.... (explain who needs which sacraments below)

6. My spouse and I were married in the Catholic Church.
 - Yes.
 - No, but we would like to have our civil marriage convalidated (blessed and made sacramental).
 - I am unmarried/separated/divorced.

ST. MICHAEL PARISH REGISTRATION
458 Maple Street, Livermore CA 94550

CONFIDENTIAL
PLEASE PRINT CLEARLY

FAMILY NAME/LAST	FIRST	SPOUSE	OFFICE
			Reg. No.
ADDRESS	CITY	ZIP CODE	Date Reg.
			<input type="checkbox"/> Check here if you do not wish to receive our weekly newsletter.
HOME PHONE NO. (Include Area Code)	(His) CELL PHONE NO.	(Hers) CELL PHONE NO.	
FAMILY E-MAIL ADDRESS	(His) E-mail Address	(Hers) E-mail Address	WIFE'S MAIDEN NAME

LIST TEACH FAMILY MEMBER	FIRST NAME (and last if different from family name)	Middle Initial	Male or Female	Date Of Birth	Occupation	Marital Status (see "A" below)	Religion (see "B" below)	Baptized (Yes/No)	1st Communion (Yes/No)	Confirmation (Yes/No)	Ethnicity	

A: MARITAL STATUS 1 - Catholic Marriage 2 - Divorced 3 - Married/Non-Catholic Marriage 4 - Separated 5 - Single 6 - Widow/Widower	B: RELIGION 1 - Catholic 2 - Not Baptized 3 - Other _____	COMMENTS : _____ _____ _____ _____
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