



# St. Cecilia Catholic Church

## HS Confirmation Registration Form

### September 2018 – May 2019



**The last day to register is Sunday 09/16/2018. The last payment is required by Sunday 12/26/2018.**

STUDENT'S BASIC INFORMATION	
Student's Full Name: _____ (as shown on Birth Certificate)	Nick (Preferred) Name: _____
Mailing Address: _____ _____	Date of Birth: _____
Student's Cell Phone: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
High School: _____	Text Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
If entering 9 <sup>th</sup> grade, what school did you attend in 8 <sup>th</sup> Grade: _____	Grade in Fall: <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>
T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Others: _____. Attending a Catholic school: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of School _____
CHECK <input type="checkbox"/> IF YOU REGISTER FOR CONFIRMATION YEAR 1	
Are you Catholic Baptized person? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please submit a Certificate at the time of registration. Are you Non-Catholic Baptized person? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please submit a Certificate at the time of registration. Have you received First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please submit a Certificate at the time of registration. Please do not come to register without any Certificate(s). If you currently do not have any Certificate(s), please first obtain and have Certificate(s) ready at the time you come to register.	
CHECK <input type="checkbox"/> IF YOU REGISTER FOR CONFIRMATION YEAR 2	
Have you recently completed Confirmation Year 1 at St. Cecilia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, to continue with this application, please attach a copy of the certificate/verification of completion of Non-St. Cecilia Confirmation Year 1 as well as copies of Baptism & First Communion Certificates. If Yes, have you completed your Confirmation Year 1 outstanding tuition fees balance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$250 ARE TUITION FEES FOR EITHER CONFIRMATION YEAR 1 OR CONFIRMATION YEAR 2	
We accept cash, checks, credit card, or online payment at <a href="http://stcecilia.org/donate-pay-online/">http://stcecilia.org/donate-pay-online/</a> Please make checks payable to "St. Cecilia Church" with memo: "Confirmation Y1" or "Confirmation Y2" \$235 = Do you agree to pay in full the entire amount of \$235: by or on Sunday 9/16/2018? <input type="checkbox"/> Yes <input type="checkbox"/> No \$250 = Do you agree to pay \$250 in three (3) Payments: by or on Sunday 12/16/2018? <input type="checkbox"/> Yes <input type="checkbox"/> No <ol style="list-style-type: none"> <li>1. First Payment of \$100 is required at the time of registration: by or on Sunday 9/16/2018. <b>This \$100.00 is non-refundable to secure a place in the program.</b></li> <li>2. Second Payment of \$100 is required: by or on Wednesday 10/31/2018.</li> <li>3. Last Payment of \$50 is required: by or on Sunday 12/16/2018.</li> <li>4. After Sunday 12/16/2018, if I still do not complete any payments, I agree to pay an additional \$15 monthly service fee on top of the remaining balance.</li> </ol> Do you wish to talk with Sister or Father about your family's financial difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Circle if applicable) FATHER/MOTHER/LEGAL GUARDIAN	DATE: _____
PRINTED NAME: _____	SIGNATURE: _____
OFFICE ONLY	

**FATHER'S / LEGAL GUARDIAN'S INFORMATION**

FULL NAME: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(only if different than student's address) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Religion: \_\_\_\_\_

**MOTHER'S / LEGAL GUARDIAN'S INFORMATION**

FULL NAME: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(only if different than student's address) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Religion: \_\_\_\_\_

**EMERGENCY CONTACT PERSON PROVIDES ASSISTANCES WHEN PARENTS CANNOT BE CONTACTED**

FULL NAME: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Are you also a student's Legal Guardian?  Yes  No  
Mailing Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(only if different than student's address) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Religion: \_\_\_\_\_

**PARISH INFORMATION**

Are you registered at St. Cecilia?  Yes  No. If Yes, write your Collection Envelope # here: \_\_\_\_\_  
If No, what is the name of your parish? \_\_\_\_\_

**COMMITMENT SIGNATURE**

The Sacramental Preparation for the Rite of Confirmation is a two-year journey in which the Student, Father/Mother/Legal Guardian and Sponsor will explore different aspects of faith, church ministry and service and therefore this process requires a full commitment from all involved. This sacrament calls for a time of reflection on personal faith, affirming of one's Catholic identity, and active participation in the life of the Church. It is required that one attends a weekend retreat every Confirmation year, consistent attendance at meetings coupled with an openness and willingness to actively participate in the program, especially at the Sunday Mass and Youth Events.

We agree to support our child to fulfill the above commitments and participate fully in the program.

(Circle if applicable) FATHER/MOTHER/LEGAL GUARDIAN DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



**St. Cecilia Catholic Church**  
**HIGH SCHOOL CONFIRMATION**  
**YOUTH MINISTRY**  
**SEPTEMBER 2018 – MAY 2019**



**MINOR PERMISSION & RELEASE FORM**

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  MALE  FEMALE

NAME OF FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

ALLERGIES/MEDICAL PROBLEMS/DISABILITIES: \_\_\_\_\_

**I**, (circle if applicable) **Father/Mother/Legal Guardian** of the above named child, hereby give my permission for her/his participation in the above named activities. **I** agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, **I** hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the above named activities, whether or not caused by the negligence, active or passive of any of the entities, individuals named or described above.

**I** agree that in the event of my child being injured as a result of his/her participation in the above named activity, including transportation to and from this activity whether or not caused by the negligence, active or passive of the parish, school or diocesan faith formation activities program or any of its agents or employees, resource for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be against any accident, hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.

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

**I**, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This authorization is only valid for all HS Confirmation and Youth Ministry events held on St. Cecilia Catholic Church grounds from the date signed below through May 31, 2019.

(Circle if applicable) **FATHER/MOTHER/LEGAL GUARDIAN** DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_

PHONE #: \_\_\_\_\_