

High School Ministries

Confirmation
First Communion
Life Teen Youth Ministry

Registration Form Check-List

Please make sure each item is checked off and completed before returning the forms.

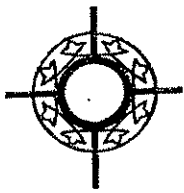
- Front side of form (one per family)
- Back side of form (half for each child, if you need more you may copy it or request more forms at the (front desk).
- Be sure to check the appropriate program for your teen. (1st Communion, Confirmation 1 or 2, or Youth Ministry)
- Permission Form (one per teen). Make sure you **sign the form** .
- Stewardship Needs Form (must choose one) Please consider a High School Parent Ministry.
- A copy of Baptismal and First Communion Certificate for Confirmation Students.
- A copy of Baptismal Certificate for 1st Communion Students.
- A Payment (must be included to register your child).

If you have any questions or need help in filling out the forms please call the Chris Peterson at (714) 842-3000 ext. 29 or e-mail youth@svdphb.org.

Thank You!

Chris Peterson

Director of High School Ministries and Confirmation



SAINT VINCENT DE PAUL CATHOLIC CHURCH
Confirmation & Youth Ministry Registration 2008-2009
 Please, complete both sides of form.

For office use only	
Date: _____	
ID #: _____	
Initials: _____	Com: _____

HIGH SCHOOL MINISTRIES

<input type="checkbox"/> Life Teen Youth Ministry (No Fee) Sunday 5:00 PM Mass / Life Teen Youth Ministry immediately follows	<input type="checkbox"/> Confirmation 1 (High School) Wednesday, 7:00-8:30 pm
<input type="checkbox"/> First Communion (High School) Wednesday, 7:00-8:30 pm	<input type="checkbox"/> Confirmation 2 (High School) Wednesday, 7:00-8:30 pm

Please Print:

_____ **Family Last Name** _____ **Student's Full Name**

_____ **Address** _____ **Apt.#** _____ **City** _____ **Zip**

Home Phone # _____

Father's Work # or Cell # _____ Mother's Work # or Cell # _____

Parents E-mail Address: _____ Registered Parishioners? Yes No

Emergency Contact (not parents) _____ **Phone #:** _____

Father or Legal Guardian _____ **Religion** _____

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

Mother or Legal Guardian _____ **Religion** _____

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

Who do children live with? Both Parents Father Mother Other _____

Confirmation Registration Fees: Before September 1st: \$60 per student (\$70 per student for non-parishioners) and a \$120 fee for the Fall Retreat. A total of \$180.00 is due at Registration in order to enter the program, unless arrangements have been made. (Total: \$190 per student for non-parishioners)

After September 1st, the basic registration fee is \$70 per student (\$80 per student for non-parishioners) and a \$120 fee for the Fall Retreat, making a total of \$190.00 due at Registration in order to enter the program. (Total: \$200 per student for non-parishioners) Cash, Checks, and credit cards are accepted.

Make checks payable to: **S.V.D.P. (Saint Vincent De Paul).**

FOR OFFICE USE ONLY:		Registration _____	Retreat _____	Total Amount Due \$ _____
Date: _____	Amount Paid \$ _____	Method of Payment _____		Balance \$ _____
Comments: _____				

STUDENT REGISTRATION 2008-2009
MUST COMPLETE ONE SECTION BELOW FOR EACH STUDENT
Please include a copy of your each student's Baptismal and First Communion Certificate

#1 Student's First Name _____ Last Name _____

Grade _____ Age _____ School Attending _____

Place of Birth _____ Date of Birth _____

Student's Email Address _____

Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____

Have you been Baptized Yes No

Have you received your First Communion Yes No

Baptism Information

Catholic Baptism? Yes No Other _____

Baptism Date _____ Church of Baptism _____

Address: _____

City: _____ State: _____ zip _____

First Communion Information

Date of First Communion: _____ Church of Holy Communion: _____

Address: _____

City: _____ State: _____ zip _____

#1 Student's First Name _____ Last Name _____

Grade _____ Age _____ School Attending _____

Place of Birth _____ Date of Birth _____

Student's Email Address _____

Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____

Have you been Baptized Yes No

Have you received your First Communion Yes No

Baptism Information

Catholic Baptism? Yes No Other _____

Baptism Date _____ Church of Baptism _____

Address: _____

City: _____ State: _____ zip _____

First Communion Information

Date of First Communion: _____ Church of Holy Communion: _____

Address: _____

City: _____ State: _____ zip _____



SAINT VINCENT DE PAUL CATHOLIC CHURCH
IGLESIA CATÓLICA DE SAN VICENTE DE PAÚL

8345 Talbert Avenue Huntington Beach, California 92646-1599 (714) 842-3000 Fax (714) 842-6780

FAITH FORMATION & DIOCESE OF ORANGE STUDENT PERMISSION & RELEASE FORM

I here by consent to (**print name of student**) _____ Age _____ participating in the High School Ministries Program and all youth ministry sponsored activities (including the retreats) for the 2008-2009 school year.

I, the Parent (guardian) of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with 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 Corporate Sole, 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 damage are caused by negligence, active or passive, of any of entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not 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, video tapes, 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 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. If there are any questions please call at 842-3000.

Parent or Guardian Name (Print)	Parent or Guardian (Signature)	Date
Address	City,	State, Zip
Home Telephone	Office Telephone	Physician Telephone
Family Physician	Insurance Company	Policy No.

Is there a medical condition, allergy, learning or physical disability we should know about? No ___ Yes ___
If yes please explain and which child the condition pertains to.

Person other than Parent to notify in case of an Emergency:

Name	Relationship	Telephone
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Fr. Jerome,
I agree to cooperate with the staff of the Faith Formation Program.

STUDENT SIGNATURE: _____