

FF OFFICE USE ONLY

BAPTISM: ☐ Yes ☐ No

FIRST RECONCILIATION: ☐ Yes ☐ No

FIRST COMMUNION: ☐ Yes ☐ No



ST. PETER CLAVER PARISH FAITH FORMATION REGISTRATION

2023/2024 YOUTH MINISTRY & CONFIRMATION

REGISTRATION FEE

Middle School Y M - \$60 (\$55 Before Aug 1, 2023) Confirmation Year 1 or Year 2 - \$110* (\$105 Before Aug 1, 2023)

*Confirmation Fee Does Not Include Retreat Fee

ARE YOU REGISTERED AT ST. PETER CLAVER PARISH? ☐ YES, ENVELOPE # _____ ☐ NO (MUST FILL OUT PARISH REGISTRATION FORM)

PLEASE SELECT ONE: ☐ MSYM ☐ HSYM ☐ CONFIRMATION, YR 1 ☐ CONFIRMATION, YR 2

CHILD INFORMATION: ☐ FEMALE ☐ MALE

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH:	CITY OF BIRTH:	STATE OF BIRTH:
YOUTH'S AGE:	YOUTH'S GRADE LEVEL THIS SCHOOL YEAR: <input type="checkbox"/> 6 TH <input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH	

HAS YOUR YOUTH BEEN BAPTIZED: ☐ YES ☐ NO (MUST SCHEDULE A MEETING WITH THE PASTOR ASAP)

DATE OF BAPTISM:	DATE OF FIRST COMMUNION:
CITY OF CHURCH:	CITY OF CHURCH:

*CONFIRMATION, YR 1 - MUST INCLUDE CERTIFICATES OF PREVIOUS RECEIVED SACRAMENTS IF THE SACRAMENTS WERE NOT AT SPC CHURCH.

PARENT/GUARDIAN INFORMATION:

FATHER'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S LAST NAME:	FIRST NAME	MIDDLE NAME:
MOTHER'S MAIDEN LAST NAME:	WHO DOES YOUTH LIVE WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> JOINT CUSTODY	

ARE BOTH PARENT'S CATHOLIC: ☐ YES ☐ NO (IF NOT PLEASE PROVIDE PARENTS' FAITH BELOW)

FATHER'S RELIGION:	MOTHER'S RELIGION:
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CONTACT INFORMATION: (PLEASE PRINT CLEARLY)

PRIMARY CONTACT NAME:	
ADDRESS:	
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	

EMERGENCY CONTACT:

NAME:	RELATIONSHIP TO YOUTH:
PHONE NUMBER:	

YOUTH'S MEDICAL INFORMATION:

DOES YOUR YOUTH HAVE A MEDICAL CONDITION/ALLERGY: <input type="checkbox"/> YES (IF YES, PLEASE EXPLAIN BELOW*) <input type="checkbox"/> NO
PLEASE EXPLAIN*:

PARENT/GUARDIAN NAME, IMAGE, VOICE CONSENT:

ST. PETER CLAVER PARISH MAY USE MY YOUTH'S IMAGE, NAME, VOICE AND/OR WORK FOR NONCOMMERCIAL PURPOSES RELATING TO THE EVENT(S) OR ACTIVITY(IES) OF YOUTH MINISTRY/CONFIRMATION SESSIONS, EVENTS AND ACTIVITIES. DURATION OF THE RELEASE: AUGUST 1, 2023 THRU AUGUST 1, 2024.	
PARENT/GUARDIAN SIGNATURE:	DATE:

EMPOWERING GOD'S CHILDREN PRESENTATION CONSENT:

ST. PETER CLAVER PARISH IS MANDATED TO GIVE ALL CHILDREN AND YOUTH AN ANNUAL EMPOWERING GOD'S CHILDREN PRESENTATION AS PART OF THE SAFEGUARD THE CHILDREN CHARTER. I HEREBY AUTHORIZE MY YOUTH TO PARTICIPATE IN THE 2023-2024 EMPOWERING GOD'S CHILDREN PRESENTATION.	
PARENT/GUARDIAN SIGNATURE:	DATE:

2023-2024 PARTICIPATION CONSENT:

BY SIGNING THIS DOCUMENT, I GIVE PERMISSION FOR MY YOUTH TO PARTICIPATE IN THE 2023-2024 YOUTH MINISTRY OR CONFIRMATION SEASON, WHETHER CONDUCTED ONSITE OR ONLINE.	
PARENT/GUARDIAN SIGNATURE:	DATE: