

Confirmation Registration Packet

Youth Confirmation Program 2021-2022

We are happy to announce that we will be returning to an in-person program!

Welcome back! We are so happy that you're here. Below you will find the information for our upcoming year. Please read through the form in its entirety then return **all requested materials** to the parish office by August 31st, 2021.

Program Information

Confirmation classes for high school students will occur Thursday evenings from 7:00-9:00pm starting *October 7th*, 2021. Candidates typically enroll in 9th grade and celebrate the sacrament in the spring of 10th grade, however the candidate must be at least fifteen years old by the Confirmation date. The classes for this two-phase program will take place in the church and parish hall. A program calendar will soon be posted at saintjohnencinitas.org/saint-john-youth-ministry/

Through the sacrament of Confirmation, the baptized "are more perfectly bound to the Church and are enriched with a special strength of the Holy Spirit... Confirmation prepares [the confirmandee] to assume the role of disciple and witness to Christ" (Catechism of the Catholic Church, 1285 & 1319).

In preparing our young men and women to assume their role in the Church as ardent **disciples and witnesses to Christ**, the Confirmation program anticipates hosting the following events: Adoration & Praise nights, Catechesis lessons and discussions, recreation nights, guest speakers, service projects, Theology of the Body conferences, opportunities for liturgical ministry, and a spring retreat.

How to Register

- Fill out the registration form found in this packet or on our Parish website**
- Submit a copy of your child's birth certificate**
- Year 1 students additionally submit a copy of their Baptismal Certificate**
- Return payment and all requested materials to the Parish Office**

⚠ Please be mindful: ⚠

- Due to diocesan protocol, **masks will be required for all students and adults.** Exceptions will be made for those with documented health restrictions
- Weekly Mass attendance, a minimum of 80% class attendance, and participation in all Parent Meetings is **required**
- Forms submitted after **August 31st** will be considered "late registration" and will carry an added fee of \$25
- Exceptions for program absences and requirements **will not be made** for extracurricular activities

***** Class sizes are limited so please register as soon as possible! *****

SAINT JOHN YOUTH CONFIRMATION PROGRAM

JK-REV 8/4/21

1001 Encinitas Blvd, Encinitas, CA 92024
760-753-6254 youth@saintjohnencinitas.org

Confirmation Registration Packet, 2021-2022

Registration for the Confirmation Program provides students with curriculum, learning supplies, event materials, and meals for recreation events. If a spring retreat is scheduled, an additional fee will be requested at that time (may be fundraised). Please visit our Youth Ministry page for more information: saintjohnencinitas.org/saint-john-youth-ministry/

The following items must all be submitted together before youth can begin the program:

- Completed registration packet (please write legibly)
A copy of your child's birth certificate
A copy of your child's Baptismal Certificate (Year 1 youth only)
Registration payment

YOUTH FIRST NAME YOUTH LAST NAME
Grid for name entry

Male:___ Female:___ Grade:_____ School:_____ Confirmation year (1st or 2nd): _____

Date of Birth:___/___/___ Youth Email:_____

Check Sacraments Completed: Baptism:___ Reconciliation:___ Eucharist:___ Confirmation:___

We are registered parishioners at _____ Catholic Church.

Youth primarily resides with: Both Parents:___ Mother:___ Father:___ Other:_____

Youth Cell: _____ Address: _____

City: _____ Zipcode: _____ T-Shirt Size: _____

If parents cannot be reached in case of an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Are there any special family circumstances we should be aware of? _____

Mother's Name:
Mother's Email:
Grid for contact information

Religion: _____ Cell Phone: _____ Work Phone: _____

Father's Name:
Father's Email:
Grid for contact information

Religion: _____ Cell Phone: _____ Work Phone: _____

REGISTRATION FEES:

\$130.00 for one Youth \$190.00 Total for 2 Youth
Additional \$40 per RCIC Year 2 (Sacramental Prep) Youth

Make checks payable to St John Church

Pay by Credit Card in Parish Office (M-F 8:00-4:30pm)

*Form continues on next page

OFFICE USE

DATE _____ # of youth enrolled

Amount Due _____ Amount Paid _____

Check # _____ Credit Card _____ Cash _____

Receipt # _____ Balance Due _____

Received by _____

ST. JOHN YOUTH CONFIRMATION PROGRAM

I, _____, the undersigned parent/guardian of _____, do hereby give permission for my son/daughter to attend the Youth Ministry Activities held at St. John Catholic Church in Encinitas, California.

I also give **permission for photographs** to be taken of my child/children during program activities. These photos may be printed in the church bulletin, displayed on church property, posted on the parish website or be submitted to the Diocese newspaper. **Yes** **No**

APPROVAL OF EMERGENCY PROCEDURES

When the person in charge decides a minor child needs emergency medical treatment, he/she will make a reasonable attempt to contact us. We give this authorization in advance so if we cannot be reached, he/she will have the authorization and power to give approval for necessary medical attention recommended by a licensed physician or surgeon. Neither agents nor organizations will assume a financial responsibility for this action.

In emergency situations where we cannot be contacted, we hereby authorize the persons in charge to follow the procedure listed below, which is pursuant to Section 25.18 of the Civil Code of California:

- 1. Time and situation permitting, to make a reasonable attempt to contact our named agents;

EMERGENCY CONTACT NAME _____ **PHONE** _____

- 2. When agents cannot be contacted, the person in charge is to act in our behalf.

- 3. Time and situation permitting, to contact the following doctor, hospital, and/or ambulance service:

FAMILY PHYSICIAN: _____ **PHONE:** () _____

ALLERGIES _____ **MEDICATIONS** _____

Physical limitations or Conditions _____

- 4. To be our agent to give consent for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is recommended by any licensed physician or surgeon.

RELEASE FROM LIABILITY

I understand and agree that by signing this form, I am freeing St. John Catholic Church and the St. John Youth Ministry Office, its officers, or other agents from any liability resulting from my child's participation in their sponsored activities. I certify that I have personally read and understand this waiver and release.

SIGNATURE OF PARENT/GUARDIAN **DATE**

****REGISTRATION WILL NOT BE ACCEPTED UNTIL ALL INFORMATION ON BOTH SIDES OF THIS FORM IS PROVIDED***