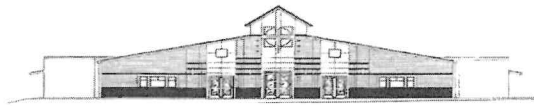


**2023-2024**



Input PS \_\_\_\_\_  
Scanned \_\_\_\_\_

**Registration – Youth Ministry/Confirmation**

7<sup>th</sup>, 8<sup>th</sup>, & 9<sup>th</sup> ~ Monday 6:30pm-8pm; Year 1 or Year 2 ~ Wednesday-7pm-8:30pm

Date: \_\_\_\_\_

**Office Use Only**

Family Last Name: \_\_\_\_\_  
Address or PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_  
If child has different Last Name(s): \_\_\_\_\_

# of Children	_____	RE	_____
Amount Due \$	_____	RE \$	_____
Amount Paid \$	_____	RE \$	_____
Balance Due \$	_____	RE \$	_____
Cash	_____	Check #	_____
Card	_____		_____
7 <sup>th</sup>	_____	8 <sup>th</sup>	_____
9 <sup>th</sup>	_____	Year 1	_____
Year 2	_____		_____
Catechist fee waived	_____		

**====PLEASE PRINT & SIGN BELOW FOR PROGRAM ENROLLMENT====**

I agree to all of the guidelines for Registration and Attendance for my child at St. Matthew Family Religious Education Program.

Print Father's Name: \_\_\_\_\_ Print Mother's Name: \_\_\_\_\_  
Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Other Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**===== STUDENT INFORMATION (Grades 7th– 12th ONLY) =====**

Please select: Monday 7th [ ] 8th [ ] 9th [ ] or Wednesday Year 1 [ ] Year 2 [ ]

Full Name: \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_

Enrolled in Formation classes before? [Yes or No] CELL# \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Baptized: Date \_\_\_\_\_ Church \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sacraments Completed [ ] \*Baptism [ ] 1<sup>st</sup> Reconciliation [ ] 1<sup>st</sup> Eucharist [ ] Confirmation

\*Must be a Roman Catholic Baptism. Please contact the office if you are unsure.

Please select: Monday 7th [ ] 8th [ ] 9th [ ] or Wednesday Year 1 [ ] Year 2 [ ]

Full Name: \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_

Enrolled in Formation classes before? [Yes or No] CELL# \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Baptized: Date \_\_\_\_\_ Church \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sacraments Completed [ ] \*Baptism [ ] 1<sup>st</sup> Reconciliation [ ] 1<sup>st</sup> Eucharist [ ] Confirmation

\*Must be a Roman Catholic Baptism. Please contact the office if you are unsure.

Please select: Monday 7th [ ] 8th [ ] 9th [ ] or Wednesday Year 1 [ ] Year 2 [ ]

Full Name: \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_

Enrolled in Formation classes before? [Yes or No] CELL# \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Baptized: Date \_\_\_\_\_ Church \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sacraments Completed [ ] \*Baptism [ ] 1<sup>st</sup> Reconciliation [ ] 1<sup>st</sup> Eucharist [ ] Confirmation

\*Must be a Roman Catholic Baptism. Please contact the office if you are unsure.

Health Problems: \_\_\_\_\_

**YES, I allow my child(ren)'s photograph to be taken, and used in church media (bulletin, Facebook, etc.)**

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YOUTH MINISTRY (GRADES 7<sup>th</sup> - 12<sup>th</sup>) EMERGENCY FORM

This form is necessary for enrollment and must be submitted at registration.

Print 1 <sup>st</sup> Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
Youth's Birthdate)	(Grade)	(Family Name if different)		
Print 2 <sup>nd</sup> Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
Youth's Birthdate)	(Grade)	(Family Name if different)		
Print 3 <sup>rd</sup> Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
Youth's Birthdate)	(Grade)	(Family Name if different)		

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone # or Cell # \_\_\_\_\_

**(I/We) request that the above named youth be permitted to attend St. Matthew Youth Ministry/Confirmation Classes.**  
**We [youth and parent(s)] agree to all of the guidelines outlined in the Registration Packet and agree to the emergency instructions.**  
*In the event of an emergency and I do not answer my phone or the emergency contacts listed below are not available, I give St. Matthew's permission to seek medical care for my youth. I accept responsibility for the payment of these medical services. Please Initial ( \_\_\_\_\_ ).*

Parents Languages: \_\_\_\_\_ Youth lives with: (both parents \_\_\_\_\_ ) (Dad \_\_\_\_\_ ) (Mom \_\_\_\_\_ ) (Other \_\_\_\_\_ )  
**\*\*Name of other persons authorized to pick up your youth from class:**

1st Emergency #: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Can this person pick up youth from class? Yes (  ) No (  )  
 2nd Emergency #: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Can this person pick up youth from class? Yes (  ) No (  )

**CUSTODY ISSUES:** Absent a copy of a court order, we will assume that both parents have custody of the youth. If there are problems of custody which might involve St. Matthew, please give us the necessary information below. Specific custody restrictions must be verified by providing us with a copy of the COURT ORDER.

**(PARISH OFFICE USE ONLY)**

Youth's Name _____	Signature of parent or guardian _____	Print Full Name _____	Date _____	Time _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2023-2024 YOUTH MINISTRY Enrollment Agreement**

My name is: \_\_\_\_\_ Grade \_\_\_\_\_  
*Please print your full legal name*

I realize that the following items are the requirements of the St. Matthew Youth Ministry program. I understand that if I do not complete all of these requirements, I will be asked to repeat this year of preparation.(for those students preparing for 1st Communion).

The Youth Ministry program at St. Matthew Church is a program which consists of Faith Formation classes and **Weekend Mass attendance**. Youth wishing to prepare for any Sacrament **must** attend all classes, group sessions, meetings/retreats and Mass along with other requirements.

1. Attend **Mass** and celebrate the Eucharist on a regular weekly basis; as well as sign in and participate in Mass while enrolled in the program.
2. Attend Youth Ministry classes and Mass. If I miss due to an emergency, illness or any other reason, I will be expected to make up the missed session work within 2 weeks of the absence. After **three missed sessions**, my parents will have to meet with the Youth Ministry staff and/or the Pastor. Retreat requirement:
3. I will complete all registration paperwork and turn in to the Youth Ministry Office and sign this Enrollment Agreements before classes start on September 11<sup>th</sup> session.
4. I will respect all Catechists/Volunteers as well as St. Matthew Church & Students.
5. I will dress appropriately for both classes and Mass..i.e., no torn jeans; crop tops, shirts must cover the body - front & back.
6. I will not wear a hat, beanie or hoodie at Mass.
7. I will remove ear buds for both class and Mass at all times & will not use my phone while at Mass or Class.
8. I understand that St. Matthew Church has a NO bullying policy and that the use of or being under the influence of drugs or alcohol during any St. Matthew event or session is strictly prohibited.
9. I will get involved in the community at St. Matthew Parish by completing no less than **10 Hours** each class year of volunteer work.

I agree to the above requirements and will be responsible for contacting **Alicia Quintero** at the Youth Ministry office at **(951)272-3520**, via Class Remind, or e-mail - **aquintero@sbdiocese.org** if I have a problem fulfilling any of these requirements.

I understand that my parents and I will be notified if I am asked to repeat the year for any reason. I have read and understand the above Confirmation requirements. **Signatures from the youth and at least one parent are required below!**

Student Cell No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_