



st. monica catholic community

TEEN CONFIRMATION

REGISTRATION FORM 2009-2010

FOR OFFICE USE ONLY

DATE _____

AMOUNT \$ _____

CASH / CHECK # _____

RECEIVED BY _____

TEEN INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ E-MAIL _____

HIGH SCHOOL _____ GRADE IN 2009-2010 _____

SIBLINGS' NAMES & AGES _____

BAPTISM*

PARISH _____ CITY, STATE _____ DATE _____

FIRST COMMUNION

PARISH _____ CITY, STATE _____ DATE _____

* PLEASE SUBMIT COPY OF BAPTISMAL CERTIFICATE IF TEEN WAS NOT BAPTIZED HERE AT ST. MONICA

PARENT/GUARDIAN INFORMATION

NAME _____ CHECK ONE: MOTHER FATHER OTHER: _____

CONTACT PHONE _____ CHECK ONE: HOME WORK CELL

EMAIL _____ RELIGION _____

NAME _____ CHECK ONE: MOTHER FATHER OTHER: _____

CONTACT PHONE _____ CHECK ONE: HOME WORK CELL

EMAIL _____ RELIGION _____

TEEN LIVES WITH: BOTH PARENTS – SAME HOUSE MOTHER
 BOTH PARENTS – ALTERNATES HOUSES FATHER
 OTHER _____

IS YOUR FAMILY REGISTERED IN THE PARISH?

YES

NO, WE ARE PARISHIONERS FROM _____

CHOOSE A PRE-CONFIRMATION PROGRAM

- OPTION 1:** High School Religious Education
Baptized? Yes No
First Communion? Yes No

- OPTION 2:** Theological Reflection Group
 Sundays
 Tuesdays

- OPTION 3:** 1:15 Youth Liturgy Team
 Hospitality Minister
 Lector
 Choir

- OPTION 4:** Homeless Outreach

- OPTION 5:** Eucharistic Ministry to the Elderly, Sick and Shut In

PROGRAM FEE

- \$100
 I would like to request Financial Aid. I can comfortably pay _____.
 I would like to request my child's fees waived.

Please make check payable to: **St. Monica Catholic Church**

AGREEMENT

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the **TEEN CONFIRMATION PROGRAM**. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities.

As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Monica Catholic Community, 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 damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary for my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said event. I, hereby, waive any right to compensation.

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____