

Saint Norbert Catholic Church

The Office of Youth Faith Formation
300 East Taft Avenue ☩ Orange, CA 92865

Kirsten D. King, MSW

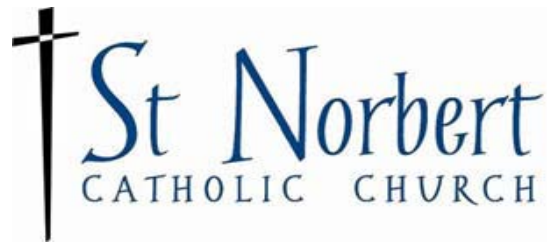
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Confirmation I Registration 2010-2011 Teen's Information

First Name : _____ Middle Name : _____

Last Name: _____ Church Envelope #: _____

Family's Last Name (If different from the teen's last name): _____

Gender of the teen: Male Female

The teen prefers to be called (nickname/different spelling etc.): _____

Date of Birth: ____/____/____ Place of birth: _____

Language(s) spoken at home: English Spanish Other: _____

Teen's Home Street Address: _____

City: _____ Zip Code: _____

Teen's Home Phone Number: (____) _____

Teen's Cell Phone: (____) _____ It's okay to text my teen reminders about events

Teen's E-Mail Address: _____

The teen is an only child has siblings

has # _____ brother(s) and # _____ sister(s) # _____ step-brother(s) and # _____ step-sister(s)

Grade in the Fall of 2010: 9th 10th 11th 12th

Name of High School: _____

Name of emergency contact (**other** than a parent): _____

Emergency contact's phone number: (____) _____

PRIMARY Guardian Information

The teen's parents are: married separated divorced mother is deceased father is deceased

The teen lives with: both parents mother father mother/step-father father/step-mother

grandparent(s) other: _____

Mother's Information

Mother's Name: _____

Religion: Catholic Other: _____

Mother's Maiden Name: _____

Mother's Cell Phone: (____) _____ FAX Number: (____) _____

E-Mail Address: _____ Employer: _____

Occupation: _____ Work Phone: (____) _____

Father's Information

Father's Name: _____

Religion: Catholic Other: _____

Cell Phone: (____) _____ FAX Number: (____) _____

E-Mail Address: _____ Employer: _____

Occupation: _____ Work Phone: (____) _____

Step Parent's Information

(Please complete this section only if this applies to your family)

Step-Father's Name Step-Mother's Name: _____

Religion: Catholic Other: _____

Cell Phone: (____) _____ FAX Number: (____) _____

E-Mail Address: _____ Employer: _____

Occupation: _____ Work Phone: (____) _____

Teen's Name: _____

Sacraments and Religious Formation

Please completely fill out the Baptism and First Communion information and submit a copy of these certificates with your registration. If you cannot locate the certificates, you can request one from the Parish office where the Sacrament was received. If your child went to school/SRE at St. Norberts, check with Youth Ministry. We may already have a copy :)

Registrations submitted WITHOUT copies of the Sacramental Certificates will be refused and returned.

Baptism

My teen is is Baptized. needs to be Baptized.

Date of Baptism: ___/___/___ Catholic Baptism? Yes No

Church's Name: _____

(Arch)\diocese: _____

Church's Street Address: _____

City: _____ State: _____ Zip: _____

Country: United States of America Mexico Other: _____

Godmother's Name: _____

Godfather's Name: _____

First Holy Communion

Date of First Holy Communion: ___/___/___

Church's Name: _____

(Arch)\diocese: _____

Church's Street Address: _____

City: _____ State: _____ Zip: _____

Country: United States of America Mexico Other: _____

PLEASE SUBMIT COPIES OF YOUR TEEN'S BAPTISM AND FIRST HOLY COMMUNION CERTIFICATES AND COMPLETELY FILL OUT THE REQUESTED INFORMATION. DO NOT LEAVE ANY LINE BLANK ON THIS PAGE. THANK YOU

Teen's name: _____

Religious Formation and Education

**PLEASE DO NOT
LEAVE ANY
LINE BLANK**

The teen received formal religious instruction...

through a Catholic, parochial school

through the Parish Religious Education Program (what we used to call "CCD" and is now "SRE")

Please check the appropriate box indicating how many years of formal religious instruction your teen has received:

1st through 8th grade

1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade

Our family attends Mass: Weekly Every other week Once a month Occasionally Never

Does the teen have any special physical or learning disabilities? No Yes - If yes, please explain....

Allergies to drugs or foods: No Yes - If yes, please _____

Medical conditions/medications etc.: No Yes - If yes, please explain.... _____

Please list any extra-curricular activities or organizations your teen participates in (or plans to) at school or in the community: (sports, clubs, organizations, teams etc.)

Is your family registered in St. Norbert parish? No Yes

If yes, how many years have you been a member of St. Norbert parish? _____

St. Norbert Youth Ministry

Adult Service Profile

*Some of this information is repeated from earlier. Please fill this out as well, as this sheet will NOT be with your teen's file.

Name(s) (parents ___? guardian ___?) _____

Student name(s) in Program _____ Confirmation I or II?

Parent/Guardian info: Home Phone _____

Cell Phone _____

*Best Parent Email: _____

1. Please select a two-month combination when you would be willing and available to help in our ministry (we'll try not to call except at this time):

JulAug AugSept SeptOct OctNov NovDec DecJan JanFeb FebMar MarApr AprMay

2. Usual available days of the week? (circle) M T W T F Sa Su

3. Would you prefer to assist with Confirmation I or II events? Or either?

4. Areas of Interest to Serve (please check all that apply):

- Chaperoning / assisting with social events and service projects
- Administrative Help (data entry, phone calling, filing, newsletter prep, etc.)
- Driving (big car?) on social events and local service projects
Car capacity? _____ passengers (not including driver)
- Food preparation or donations for special events
- Special event coordination (service project prep; shopping for supplies; phoning to line up drivers; helping to ensure the event goes well)
- Coordinating Volunteer Appreciation
- Accounting Assistance
- Random acts of service as needed
- Other, specific offering? _____

5. For volunteering purposes, it would be really helpful to know if you are:

- Fingerprinted at St. Norbert Parish (or within the Diocese of Orange)? Yes No
- Completed Safe Environment Training in the last three years? Yes No

Confirmation I Fees

COMPLETED Registration submitted between these dates follow this fee schedule:

June 1—27, 2010 — \$140

June 28—July 20, 2010 — \$150

July 21—August 1, 2010 — \$175

Registration closes on August 1.

(Due with your registration packet in order for it to be accepted)

Cash, checks or charge cards accepted. A \$5 service charge will be added to all credit card transactions to cover the costs of fees charged by the credit card companies. Please make checks payable to: **“St. Norbert Church”**

FEES ARE NON-REFUNDABLE.

Please write your teen’s name in the memo line of the check.

Payment Options: ___ Credit card ___ Check ___ Cash

Payment Timelines: ___ (1) payment of \$150 ___(2) Payments of \$75 (due July 15 and August 15)

VISA/MC AUTHORIZATION - Printed Name on Card: _____

Circle Visa / MC #: _____ Exp. Date: _____

3-Digit Security Code: _____ St. Norbert Parish Envelope Number: _____

Amount Charged \$: _____ \$155.00__ Signature: _____

Important! Retreat Information

There is a mandatory Confirmation I Retreat on the weekend of October 22-24, 2010 in Big Bear. You **will not** be confirmed unless you meet this requirement. The fee for the retreat is \$175 and can be made in payments PRIOR to the retreat, or paid in one lump sum. Please plan accordingly. There will be a mandatory parent meeting regarding the retreat in late August. Retreat fees will be collected when you turn in your retreat paperwork between August 30th and September 25th.

Release:

I, the Parent(s) (guardian) of _____ hereby give my permission for her/his participation in the Confirmation program of St. Norbert Catholic Church in Orange. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, it’s constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation 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 damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical conditions of my child which would render it appropriate for him, her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child’s participation therein, and the publication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if 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 appropriate treatment deem necessary an appropriate by the physician, nurse, dentist, or licensed care staff.

Parent’s/ Guardian’s Signature: _____ Date: _____ **Page 5 of 5**

Please re-check your teen's registration form before submitting it to us!
Did you remember to...???

* **Completely fill out your teen's Registration Form?** (If some information we requested does not apply to you or your teen, we asked that you write NA on the line.)

* **Submit a photocopy of your teen's Baptism and First Holy Communion certificates?**

Any registrations submitted without copies of these certificates will be rejected and sent back to you and your teen will not be considered registered until the Registration Form is complete. (Remember to check with Youth Ministry for copies of these certificates if your teen went to St. Norbert's School or through the SRE Program. If you submitted copies at that time, we just might have them!)

* **Submit payment for the Confirmation Preparation Program?**

Please remember to write your teen's name in the memo line of the check!