



June 15, 2009

Greetings in Christ!

I'm so excited that your teen desires to continue on the faith walk in our Youth Ministry Program! The Holy Spirit is working overtime here through many people to keep the fire burning in their hearts. And to meet that need, we are going to have many opportunities for your teen to be involved in many different capacities, within this ministry.

The Vision Leadership Team will be made up of Juniors and Seniors in high school. The focuses will be continual spiritual development and leadership training. Your teen will be given the opportunity to serve the incoming Confirmation teens and to be developed as Christian leaders within the church.

I have no doubt that these next two years (or one!) of high school will influence all decisions they make in the future (colleges, good judgment, chastity, healthy relationships, balancing family and friends, etc.) And because of this, it is crucial that your teen stays active in a community of peers who desire to build each other up, promote the best in each other and hold each other accountable for walking the walk, not just talking the talk.

Because of this, I know how important it is to provide your teen with a place to be needed, supported, prayed for and with and a place to be accepted above all else. Empowering your teenager will give him or her the confidence that he or she needs to be a leader in this church, no matter where they land after high school. What a monumental piece of this Youth Ministry Program they will be!

We do require your teen to register for the leadership team. Please take some time to fill out all information in the following packet, as it will help us serve your family and your teen effectively. There will be a registration fee to join the leadership team. The registration fee will cover expenses that are program related only, meaning they will be used only to support the costs of having the Vision Leadership Team, not other areas of our Youth Ministry. Many of the benefits include:

- Monthly meetings featuring guest speakers, snacks and drinks, training materials, spiritual development, etc.
- Partially subsidized retreat fees (your teen will get a discounted rate if they wish to attend and lead on the Confirmation retreats)
- A customized Vision Leadership Team zip up jacket which will be designed by the teens (it will be the talk of the town)
- Priority registration at limited space events
- A Leadership Retreat that is prepared just for them, in the Fall (Sept. 11-13, 2009)

We are having an open house on Sunday, June 28, 2009 from 1-5 p.m. in the Youth Ministry Room. Please come by and say hello, bring this packet to turn in, and/or find out more about the ministry and the "Vision!" Or you can fill out the enclosed packet and return it to the Youth Ministry Office or to the Ministry Center at attn: Kirsten King. Thank you so much!

May God bless you and your family!

**Peace of Christ,
Kirsten King**

Saint Norbert Catholic Church

The Office of Youth Faith Formation
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Vision Leadership Team 2009-2010 Registration Teen's Information

First Name : _____ Middle Name : _____

Last Name: _____

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: (____) _____

(Adult) T-Shirt Size _____ (Adult) Zip Up Hoodie Jacket Size _____

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: _____

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")

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? _____

Vision Leadership Team Fees

\$95 to Register for Vision Leadership

(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. FINAL PAYMENT IS DUE AUGUST 15th, 2009 to accommodate Jacket Order.

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

Payment Options: ___ Credit card ___ Check ___ Cash

Payment Timelines: ___ (1) payment of \$95 ___ (2) Payments of \$47.50 (due July 15 and August 15)

VISA/MC AUTHORIZATION - Printed Name on Card: _____

Visa/MC #: _____ Expiration Date: _____

Amount Charged \$: _____ \$100.00 _____ Signature: _____

Important! Retreat Information

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 4 of 4**

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 _____

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? _____