



SAINT VINCENT DE PAUL CATHOLIC CHURCH

8345 TALBERT AVENUE HUNTINGTON BEACH, CA 92646 (714) 842-3000

2018-2019 CONFIRMATION CANDIDATE REGISTRATION FORM

Teen's Information (All Items Required)

First Name:		Middle Name:		Last Name:	
Circle one: Male/Female	Date of Birth:	City of Birth	Age:	Grade as of September 2018:	School Attending:
Teen's Cell Phone:		Teen's E-mail:			
List any allergies, medical conditions, learning or physical disability that we should be aware of:					

Sacrament Information

Catholic Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism:	Church of Baptism:	City/State of Baptism:
First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Communion:	Church of First Communion:	City/State of First Communion:

A photo copy of each certificate must be included with this form if not already provided.

Family Information

If you are not registered here at SVDP please visit the Parish office to receive details about how to register.

Parish Envelope/ID Number: _____		Verification _____	INITIALS _____	(office use only)
Father's First/Last Name:		Father's Religion:	Father's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Mother's First/Last Name:		Mother's Maiden Name:	Mother's Religion:	Mother's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Are Parents Married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not married in the Catholic Church would parents like to be? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who Does Child Live With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Home Address:		City:	Zip:	
Home Phone:		Father's Cell:	Mother's Cell:	
Family E-mail (required):		Preferred Contact: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Emergency Contact Person (Other Than Parent):		Emergency Contact Phone Number:		
Emergency Contact Relationship to Teen:		**In signing below you give us permission to add your family to our e-mail, phone and text distribution list.		

Liability Waiver

Family Physician:	Family Physician Phone:	Insurance Company:	Insurance Group #:
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I, _____, the Parent (Guardian) of _____, hereby give my permission for participation in planned activities. I agree to direct my child(ren) to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for all activities.

As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Diocese of Orange, its 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 damages which are caused by the negligence, active or passive, of any of the entities, individuals, names described above.

I agree that in the event of injury as a result of participation in planned activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents, employees or volunteers, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition which would render it inappropriate for participation in any activity.

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

Parent/Guardian Signature:	Date:
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Registration Fees

The registration fee for each teen is determined by the amount of recordable donations that the family has made in the past year. Families that greatly contribute to the financial needs of the parish are thanked with lower registration fees.

Recordable Donation to the Parish Per Family	Confirmation Registration Fee Per Teen
\$501+	= \$0
\$251-\$500	= \$50
\$51-\$250	= \$100
\$0-\$50	= \$150

Retreat Fees

Each person in the program is charged the retreat fee since it involves additional off site cost.

Fall Life Teen Retreat	= \$165 - 3 day Retreat (optional)
Winter Life Teen and Confirmation Retreat	= \$165 – 3 day Retreat (required)

Discipleship Groups

All high school teens are placed in a Discipleship Group. These groups roughly twice a month and are aimed at mentoring young people into disciples of Jesus Christ. Each year there are mandatory parent sessions.

Please mark below the level your teenager will be entering into in the fall of 2018.

Confirmation Candidate (2nd Year)

First Communion

(received the same time as confirmation & requires extra mandatory sessions)

At this time, Confirmation Sessions will be held on the **the First, Third, and Wednesdays** of the month at 6:00pm please plan accordingly!

Parent Pledge

In accordance with the Bishop of the Diocese of Orange, I have chosen to enroll and participate in my child's Faith Formation at St. Vincent de Paul Church. I understand that the parish provides a place for my family to grow and be nourished in our personal relationship with Jesus through prayer, study of scripture, generosity, and liturgy. I promise to support my child's faith formation at church and home by:

- Practicing my faith and being an example to my family.
- Attending and participating in Sunday Mass every week.
- Daily prayer such as: morning offering, night prayer, grace before and after meals
- Reading and studying Scripture
- Contribute weekly to the financial needs of the parish through recordable donations (Envelopes, Check or Online Giving).

Registration and Financial Policies

- **Registrations will not be processed without a payment of at least \$50.**
- A total balance statement will be given at the first event in September 2018.
- All applicable registration and retreat fees must be **paid in full by January 31st, 2019.**
- There will be a \$50 late fee per student for any fees not paid by the above deadline.
- All Registration and retreat fees are non-refundable and non-transferable.
- No Child will be excluded from participation in faith formation / sacramental preparation due to financial reasons. Families requesting assistance will be asked to complete a confidential financial request form and submit it to the director of the program in which their child will be participating. The Pastor and director will seek to accommodate with families requiring assistance.
- The information that I have provided is accurate and if any changes occur to phone number, email address, and/or home address, I will notify the Youth Office

Please Select Payment Schedule: (see payment schedule Worksheet)

___ Paid in Full (at time of registration)

___ Plan A (3 summer payments)

___ Plan B (3 payments throughout year)

___ Plan C (6 payments beginning in Summer)

Parent/Guardian Signature:

Date:

For Office Use Only

Tuition Amount for teen as based on scale Above	\$
Retreat fee as based on scale Above	\$
Other Applicable Fees:	\$
TOTAL AMOUNT DUE:	\$