



Saint Columban Youth Ministry-
Confirmation 2018-19

PLEASE PRINT NEATLY / POR FAVOR ESCRIBA CLARAMENTE

Parish ID#/ Numero Parroquial: _____ **Shirt Size:** _____ **Confirmation Year 1 or 2:** _____

Student Name: _____ **DOB:** ___/___/___ **Age/Edad:** _____
Last/Apellido First/Nombre Middle/M Fecha de Nacimiento

Gender/género: Male or Female **High School (escuela):** _____ **Grade/grado:** _____

Teens' Cell: _____ **Birth City and State:** _____
Teléfono del estudiante Ciudad y Estado de nacimiento

Address: _____
Dirreccion Street (Calle) Apt. # City (Ciudad) Zip code (código postal)

Father's Name: _____ **Cell #:** _____
Nombre del padre Last/Apellido First /Nombre Father's cell/ Teléfono del padre

Mother's Name: _____ **Cell #:** _____
Nombre del madre Last/Apellido First /Nombre Mother's cell/ Teléfono del padre

Parents' Email: _____ **Home#:** _____
Correo electrónico del padres Teléfono de casa

Parents/Padres: ___ Married (Casados) ___ Divorced (Divorciados) ___ Separated (Separados)
___ Single Parent (Padres Solteros) ___ Widowed (Vuido / a)

Child lives with (Esudiante vive con): ___ Both Parents (Ambos padres) ___ Mom (madre)
___ Dad (padre) ___ Step Parent (padraastro)

Other (otro): _____

In Case of Emergency Contact: _____
En caso de Emergencia Name (Nombre) Phone (Teléfono) Relationship (Relación)

Does your teen have any Health Issues, Allergies, and/or Learning Disabilities? Yes/Sí No
¿Su hijo tiene algún problema físico, como alergias, o alguna discapacidad de aprendizaje?

If yes, please explain and speak to the Confirmation Director:

Si es así, explique y hablar con director de confirmacion



SACRAMENT INFORMATION/ INFORMACIÓN SACRAMENTAL

Baptism/ Bautizo Yes/Sí No **Date/Fecha:** ____/____/____

Name of Church/ Nombre de la iglesia City & State or Country/ Ciudad y Estado o País

First Communion/ Primera Comunión Yes/Sí No **Date/Fecha:** ____/____/____

Name of Church/ Nombre de la iglesia City & State or Country/ Ciudad y Estado o País

Do you have other children in other programs? Yes/Sí No
 Tiene Hijos en otros programas?

Names and Grade/ Nombre y grado: _____

OFFICE USE ONLY/ USO DE OFICINA

Confirmation Placement:

Confirmandi

Candidate

Catechumen

Certificates (copies):

- Baptism**
- First Holy Communion**

Payment:

- Early Bird Payment by August 31, 2018 - \$200**
 - o Date: ____/____/____ \$_____ Cash/ Check #_____ Receipt #_____
- Full Payment anytime after August 31, 2018: \$220**
 - o Date: ____/____/____ \$_____ Cash/ Check #_____ Receipt #_____
- Monthly payment plans are available ONLINE only.**
 - o **Visit:** <https://goo.gl/5ESO1k>
 - o "Create your Profile"
 - o Enter email address information
 - o Enter personal information
 - o Donation page → "Add Transaction" → Donation: "Other" - **\$25.00**
 - o Donation frequency → "Monthly"

Payment taken in by: _____

Date: _____



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Minor Permission & Release Form

Permission slip for all classes and events held on Saint Columban Parish grounds.

Program: Participation in the events of the Catholic Youth Community of Saint Columban Catholic Church, including Youth Ministry, Confirmation Journey Preparation and other parish activities. This authorization is valid for any and all events held on Saint Columban Parish grounds only, from August 1, 2018 until August 1, 2019. **Please note:** A separate release form is required for all events not occurring on Saint Columban Parish grounds.

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child 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 property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage 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 is injured as a result of his/her participation in the above named 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 or employees, 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 of my child which would render it inappropriate for him/ her to participate 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 rights to compensation or any right that I otherwise might have to limit or 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'S SIGNATURE _____ **DATE:** ___/___/2018

Parent Involvement

It is important that our teens' parents be involved in our Confirmation Preparation Process and Youth Ministry program to ensure a successful faith formation for our teens. Please check at least one area in which you could serve. Training, clear direction and support will be given! For more information, please contact us at saintcolumbanym@gmail.com. Thank you and God Bless!

Teacher/Catechist _____ Teacher's Aid _____ Snack Donations _____

Cook for events and/or retreat _____ Community Outreach Connections & Opportunities _____

Other: _____



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Dear Parents,

Nothing is more important than protecting our children and youth. Since 2002 we have focused our efforts to better achieve that sacred duty. In response to the *Charter for the Protection of Children and Youth*, our schools and parishes have incorporated child abuse prevention training for children, youth and adults. This training coupled with background screening of all adults working with children and youth has proven a powerful tool against sexual abuse of our most precious members, the children and youth of our diocese.

Every parish and school in the Diocese of Orange ensures that every child and youth receives Safe Environment training annually. As part of your teen's Confirmation/Youth Ministry experience he/she will participate in a program which has been approved by the Diocesan Office of Child and Youth Protection.

The program is faith based and adheres to sound Catholic doctrine. The goal of the program is to help teenagers realize their dignity and worth as given by God. It will challenge teens to understand what a safe environment is, and why our dignity requires that we work for the safety and respect of everyone. For a copy of the Safe Environment program your teen will participate in please contact the Confirmation Director.

In Christ,

Saint Columban Youth Ministry and Confirmation

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** ___/___/2018