



Our Lady of the Miraculous Medal Parish

820 N. Garfield Ave, Montebello, CA 90640 , Phone Number: (562) 879-9478

Youth Confirmation Registration Form

9th –12th Grade

Please circle: Year 1 Year 2

Please Print Clearly

For Digital Submission, please fill out the PDF and email it to Cristina Gonzalez at olmmyouthconfirmation@gmail.com

Student Information

Last Name: _____ First Name: _____ Middle I: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Teen Cell: _____

High School: _____ Grade (In Sept) _____

Family Information

Mother: _____ Catholic? _____ Cell Phone: _____

Mother's Maiden Name: _____

Father: _____ Catholic? _____ Cell Phone: _____

Parishioner Number: _____

Email Address: _____

Additional Email Address: _____

Child live with: Both Parents: _____ Father: _____ Mother: _____ Relative: _____

Baptismal Certificate is REQUIRED at time of submitting application. (See Roy/Cristina if you have any questions/concerns). For digital submission please email a scanned copy of the baptismal certificate with the application.

Registration Fee:

Your registration fee covers the Sunday preparation classes and the yearly Confirmation Retreat. The registration fees are as follows: **\$150 per child**

We will receive payments once in person classes begin.

No one will be denied participation based on financial need: If you have any questions please call Roy directly at (562) 879-9478 or email Cristina

olmmyouthconfirmation@gmail.com

For Office Use Only:

Date: _____ Paid \$ _____ Check# _____ Cash

Receipt # _____ Year 1 Year 2

Our Lady of the Miraculous Medal
YOUTH BEHAVIOR CONTRACT 2020-2021

To be read and signed by youth and parents or guardian. Parish/School contact person should retain these upon completion.

Everyone who attends the OLMM Youth Confirmation Program is encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy this special journey! These are the expectations that we expect all teens to follow during class and other events associated with the program.

1. **There will be respect for property** - Property of the Our Lady of the Miraculous Medal Parish and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. **There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.
3. **There will be cooperation and participation** - Attending the OLMM Youth Confirmation Program is a special privilege. We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable experience.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (for example: destruction of property would require repayment of damages.)

<u>I have read and understand these guidelines.</u>	
Participant's/Student's Signature:	Date:
Parent or Guardian's Signature:	Date:
Director's Signature:	Date:

Sacrament Information

Does your child need First Communion? _____ Yes _____ No

Do the parents need any sacraments? _____ Yes _____ No

Which sacrament is needed? _____

HEALTH AND PHOTO RELEASE FORM FOR YOUTH

Name _____ Date of Birth _____

Address _____ Female _____ Male _____

City _____ Zip _____ Phone (____) _____

Parish: _____ City _____

Is this participant in general good health and able to participate in all activities involved in this Confirmation program?

YES _____ NO _____ (If no, please submit a statement indicating limitations or serious medical conditions.)

If there are any medical concerns, please list them here: _____

Photo Release Form

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of any 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 control such making or use.

Parent/Guardian Name Signature Date

<u>Please Mark what you (parent/guardian) can help with this year:</u>	
<input type="checkbox"/>	Driving for events like service projects, social outings for our Youth Confirmation
<input type="checkbox"/>	Fundraising (helping to coordinate fundraisers throughout the year)
<input type="checkbox"/>	Donations (supplies, fundraising, etc)
<input type="checkbox"/>	Retreat – Chaperones, set-up, clean-up, food prep.
<input type="checkbox"/>	Youth Group – Set-up, Clean-up, food prep.
<input type="checkbox"/>	Other/Miscellaneous: I can sew, I do carpentry, bake, etc. _____