

SAINT MAXIMILIAN KOLBE FAITH FORMATION

5801 Kanan Rd. Westlake Village, CA 91362 (818) 991-3915 X113

Kia Scott, Youth Minister/Confirmation Coordinator: kia@stmaxchurch.org

We understand that by registering our teen(s) in Confirmation, we are making a commitment to **support the parish** by means of **regular financial contributions** and by **volunteering our time to the parish**. We are also **committing to attend Mass regularly** and **participating as required** in the Confirmation Process.

Parent Signature _____ Date _____

2020-2021 **YEAR 1** CONFIRMATION REGISTRATION FORM

CANDIDATE INFORMATION

TEEN(S) REGISTERING

Last Name, First Name _____	Sex (M/F)	DOB (mo/d/yr)
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Address: _____ City: _____ Zip: _____

Grade: _____ School: _____

Father's Name _____ Cell #: _____ Religion: _____

Mother's Name: _____ Cell #: _____ Religion: _____

E-Mail Address(es) for updates: _____

Is there anything we should know about special living arrangements, etc. _____

*** Please be aware of the following medical condition(s) for my son/daughter listed here:**

Does your child have allergies? Yes _____ No _____ If yes, please list _____

SACRAMENT INFORMATION

Church of Baptism: _____
Name City State

Date of Baptism: _____ Date of First Holy Communion _____

Church of First Holy Communion: _____
Name City State

PLEASE PROVIDE A COPY OF EACH CANDIDATE'S BAPTISM CERTIFICATE WITH THIS FORM

2020-2021 TUITION, CONFIRMATION **YEAR 1**

TUITION FEE: \$135

RETREAT FEE: \$90 due by Nov. 1st

Copy of Baptism Certificate

FOR OFFICE USE ONLY, PLEASE DO NOT FILL OUT.

TUITION PAID _____

DATE & CHECK # _____

AMOUNT DUE _____

RETREAT FEE PAID _____

DATE & CHECK # _____

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH
5801 Kanan Road • Westlake Village, CA 91362 • (818) 991-3915 ext. 113
Kia Scott, Youth Minister/Confirmation Coordinator kia@stmaxchurch.org

**FAITH FORMATION
PERMISSION SLIP / MEDICAL RELEASE FORM**

PARENT/GUARDIAN CONSENT FORM/WAIVER OF CLAIMS AND MEDICAL INFORMATION/AUTHORIZATION FOR PARTICIPATION IN EVENTS AND/OR ACTIVITIES SPONSORED BY ST. MAXIMILIAN KOLBE FAITH FORMATION AT ST. MAXIMILIAN KOLBE PARISH.

PRINT YOUTH'S LAST NAME, FIRST NAME

has my permission to participate in Faith Formation sponsored events and/or programs at St. Maximilian Kolbe Parish for the period from August 01, 2020 – August 31, 2021.

I agree to direct my son/daughter to cooperate and to conform to the directions and instructions of the St. Maximilian Kolbe (SMK) Faith Formation personnel and volunteers in charge of activities, and I understand that transportation for my daughter/son to Faith Formation sponsored events will be provided by the Participant's respective Parent/Guardian.

I also give permission for my son/daughter to be photographed at Faith Formation activities and possibly be posted on the St. Max's Web Site/Social Media, parish bulletin or on posters at St. Max's for present or future use.

I, the undersigned, hereby release St. Maximilian Kolbe, agents, representatives from all liability arising out of or in connection with all St. Maximilian Kolbe Faith Formation activities. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against St. Maximilian Kolbe, or that any other person or entity may have against St. Maximilian Kolbe because of death, personal injury, or illness, or because of any loss or damage to property that occurs during any activities and that results from any other cause other than negligence.

Should it be necessary for my son/daughter to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal Guardian) cannot be contacted, permission is hereby given to SMK personnel and volunteers to render medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are active have limited application.

I have read and understand the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Contact Person (other than parent): _____

Emergency Contact's # (home): _____ (work/cell): _____

Family Physician: _____ Phone #: _____

Medical Group Coverage: _____ Group/Member Number: _____