

# Holy Trinity Confirmation Registration



Registration fee per year is \$100 per parishioner/\$120 per non-parishioner  
(Checks made payable to Holy Trinity Church)

► Due by September 20, 2021 ◀  
(\$20 late fee added after September 20, 2021)

**YEAR ONE:**  (check here)

**YEAR TWO:**  (check here)

**PLEASE PRINT**

Teen's Name: \_\_\_\_\_  
Last First Middle Date of birth Sex

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Teen's cell phone: \_\_\_\_\_ Teen's email: \_\_\_\_\_

Grade this Fall 2021: \_\_\_\_\_ High School attending: \_\_\_\_\_

**Father's info:**

**Mother's info:**

\_\_\_\_\_  
First Last

\_\_\_\_\_  
First MAIDEN

Home number: \_\_\_\_\_

Home number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Work number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**► YEARS 1 & 2: BAPTISMAL CERTIFICATE COPY  
must be attached to this registration form for processing!**

Check all EDGE Ministry grades completed: 6th \_\_\_\_ 7th \_\_\_\_ 8th \_\_\_\_ None \_\_\_\_

Check all CATHOLIC Middle School grades completed: 6th \_\_\_\_ 7th \_\_\_\_ 8th \_\_\_\_ None \_\_\_\_

Is teen baptized? \_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Has teen made First Confession? \_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Has teen made First Communion? \_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Teen's Confirmation (Saint) Name: \_\_\_\_\_

Confirmation Sponsors Name: \_\_\_\_\_ Is Sponsor Confirmed? \_\_\_\_  
First Last

**Office use only:**

Amt paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_ check# \_\_\_\_\_ Bal due: \_\_\_\_\_

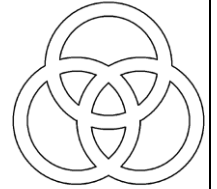
Amt paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_ check# \_\_\_\_\_ Bal due: \_\_\_\_\_

Amt paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_ check# \_\_\_\_\_ Bal due: \_\_\_\_\_

Monthly Payments ( ) Scholarship ( ) Youth Minister: \_\_\_\_\_ Date: \_\_\_\_\_



CONFIDENTIAL



**EMERGENCY MEDICAL FORM  
Confirmation and Youth Ministry**

Emergency Treatment/Release Statement: In the event of an emergency, and **I cannot be reached**, I hereby authorize Holy Trinity's Confirmation Program/Church and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my daughter/son \_\_\_\_\_ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all cases, I will be notified as quickly as possible.

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Date**

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Father's/Guardian Cell Number: \_\_\_\_\_

Mother's/Guardian Cell Number: \_\_\_\_\_

Additional Permanent Emergency Telephone Number: \_\_\_\_\_

Name of Person at Emergency Number: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

**\*\*\*\*Please list any and all allergies, special medical conditions, special medications, or health problems with which Holy Trinity should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Medical Insurance Policy Name and Number: \_\_\_\_\_

Emergency (or Prior Approvals) Phone Number: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_

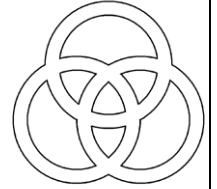
Emergency Phone Number: \_\_\_\_\_

Dental Insurance Policy Name and Number: \_\_\_\_\_

Emergency (or Prior Approvals) Phone Number: \_\_\_\_\_



**Holy Trinity  
Confirmation/ Youth Ministry  
Parental Permission/Release Form  
Confirmation Program**



My son/daughter \_\_\_\_\_, has my permission to participate in the Holy Trinity Confirmation & Youth Ministry Program and the adult leaders have my permission to sign any waiver of liability which may be required. In the case of injury or illness, a representative of Holy Trinity Church is authorized to render emergency first aid and/or seek all necessary medical attention. I have noted any medical or other special consideration on the Holy Trinity Emergency Medical Treatment Form; if my son/daughter has had any serious illness, injury, or medical treatment over approximately the last 6 weeks of which Holy Trinity should be aware, I have provided the details on the lower part of this permission slip. Finally, I understand that my signature verifies that I am aware of and in agreement with any restriction or special instruction regarding this program.

## **Media Usage for Future Advertising**

### **Release for Memorializing \***

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

### **Media release agreement \***

Holy Trinity Youth Ministry program routinely promotes its events and ministry through various media. This includes, but is not limited to newsletters, brochures, posters, bulletins. The image of participants may be included. In addition, names of minors will never accompany any photos on any publication, website or other media. Please see release agreement below.

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Signature of Parent/Guardian

Date

# Office of Youth Ministry and Confirmation Holy Trinity Parish 2021-2022

209 N. Hanford Avenue  
San Pedro, CA 90732  
(310) 548-6535  
lifeteenym@holyltrinitysp.org

Dear Parents:

The Confirmation program at Holy Trinity Parish will be presenting a yearly safety educational program during one class time this catechetical year.

This program was developed by the creators of VIRTUS *Protecting God's Children*® and is mandatory in the Archdiocese of Los Angeles. This is only a personal safety education program. The safety education program is part of an ongoing effort to help create and maintain a safe environment for our youth and to protect all children from any sort of abuse.

As a parent, you have the right to choose whether or not your child participates.

**Signed form must be returned with your registration.**

*For further information visit the VIRTUS online website at [www.virtus.org](http://www.virtus.org)*

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**► Return this signed form with your registration**

My child: \_\_\_\_\_

May participate: \_\_\_\_\_ May **not** participate: \_\_\_\_\_

*In the Protecting God's Children program offered by the Confirmation Program at Holy Trinity Parish.*

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Parent Support Team

Throughout the next couple of years, the Confirmation Coordinator and Confirmation leaders will do all they can to lead your child on a journey towards the Sacrament of Confirmation. At Holy Trinity we couple the Confirmation program and Youth Ministry because we find it important that the youth of our parish have a place to get involved and stay involved. It is safe to say that we cannot do this without your help and participation. We have a list of many opportunities for you to become involved with the youth ministry as well as Confirmation. Please pray about where the Lord is leading you to help and mark how it is you can join our Parent Support Team. Thank you for considering helping Confirmation and our Youth Ministry group as we lead all teens closer to Christ!

Confirmation Team (Leading a small group for Confirmation and etc..)

Retreat Cooking Team (Helping prepare and serve meals for retreats...)

Providing Food for Life Nights

Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other (Please list any other way that you might want to use your talents or skills to benefit our youth):

\_\_\_\_\_  
\_\_\_\_\_

Holy Trinity Life Teen and Confirmation has been built on our parishioners generosity in all of their prayers, volunteered hours, and monetary funds. We are especially thankful for all that you have given throughout the years. Thank you for considering to help Holy Trinity grow both physically and spiritually. Thank you for answering the call.

**If you have any questions or concerns, please contact:**  
**[lifeteenym@holyltrinitysp.org](mailto:lifeteenym@holyltrinitysp.org)**