



CONFIRMATION PROGRAM – YEAR 1

INFORMATION & REQUIREMENTS

PROGRAM INFORMATION

- Class sessions are held on Sundays from 3:30 p.m. to 6:30 p.m. (including Mass)
- Candidates will attend the 5:30 p.m. Sunday Mass
- Candidates will participate in service projects and parish activities
- Candidates will attend retreats
 - Year 1 – Youth Day in Anaheim - March 2019 (Additional fee of \$35-\$50)
 - Year 2 – Weekend Retreat (Additional fee of \$180-\$200)

REQUIREMENTS

Please turn in all of the documents and forms listed below to the Parish Office.

- Registration Form (Page 2)
- Student/Youth Activity Permission Form (Page 3)
- Photo Release Form (Page 4)
- Copy of Baptism Certificate
- Copy of First Communion Certificate
- Registration Fee \$120 per year (Installment payments are available)

ORIENTATION DAY

Sunday, September 23rd from 4:00 p.m. to 6:30 p.m. in Madonna Hall (Includes Mass at 5:30 p.m.)

Candidates and at least one parent/guardian must attend the orientation date. Please plan accordingly.

COORDINATOR

Ms. Araceli Chavez - achavez@stgenparish.org

INFORMACIÓN DEL PROGRAMA

- Las sesiones de clase se llevan a cabo en **INGLES** los domingos de 3:30 p.m. a 6:30 p.m. (incluye la misa de 5:30 p.m.)
- Los candidatos asistirán a las misa dominical de 5:30 p.m.
- Los candidatos participarán en proyectos de servicio y en actividades parroquiales
- Los candidatos asistirán a retiros
 - Año 1 - Día de la Juventud en Anaheim - marzo de 2019 (Cuota adicional de \$ 35 - \$50)
 - Año 2 - Retiro de Fin de Semana (Cuota adicional de \$180- \$ 200)

REQUISITOS

Por favor entregue todos los documentos y formularios que figuran a continuación a la Oficina Parroquial.

- Formulario de Inscripción (Página 2)
- Formulario de Permiso de Actividades para Estudiantes/Jóvenes (Página 3)
- Formulario de Publicación de Fotografías (Página 4)
- Copia del certificado de bautismo
- Copia del certificado de primera comunión
- Cuota de registro \$120 por año (Se puede pagar a plazos)

FECHA DE ORIENTACION

Domingo, 23 de septiembre de 4:00 p.m. a 6:30 p.m. en Madonna Hall (Incluye misa a las 5:30 p.m.)

Los candidatos y al menos un padre/tutor deben asistir a la fecha de orientación.

COORDINADORA

Señorita Araceli Chavez - achavez@stgenparish.org



STUDENT PHOTO

CONFIRMATION YEAR 1 (2018 - 2019)
STUDENT REGISTRATION FORM

STUDENT'S INFORMATION (PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE NAME
HOME ADDRESS				
HOME PHONE NUMBER			PARISH IDENTIFICATION NUMBER	
STUDENT EMAIL			DATE OF BIRTH	CURRENT AGE
CHURCH OF BAPTISM		CITY OF CHURCH OF BAPTISM		DATE OF BAPTISM
ALLERGY TO MEDICINE (PLEASE SPECIFY)			ILLNESS OR DISABILITY (PLEASE SPECIFY)	

PARENTS' INFORMATION or LEGAL GUARDIAN (IF APPLIES)

FATHER

MOTHER

FIRST & LAST NAME		FIRST & LAST NAME	
EMAIL		EMAIL	
CELL PHONE NUMBER	WORK NUMBER	CELL PHONE NUMBER	WORK NUMBER
STUDENT LIVES WITH: <input type="checkbox"/> FATHER & MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER (Please specify) _____			

EMERGENCY RELEASE AUTHORIZATION

In the event of any emergency and/or natural calamity, I/we hereby authorize the following person to pick up my child:

FIRST & LAST NAME	RELATIONSHIP TO STUDENT
ADDRESS	CONTACT NUMBER
PARENT/GUARDIAN NAME	SIGNATURE OF PARENT/GUARDIAN SIGNATURE

For SGC Office Use Only:

NOTES/REMARKS	SUBMITTED <input type="checkbox"/> Photo of Student <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Photo Authorization <input type="checkbox"/> Communion Certificate <input type="checkbox"/> Youth Activities <input type="checkbox"/> Permission Form	
	PAYMENT Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card Date: _____ Receipt # _____	PAYMENT Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card Date: _____ Receipt # _____



ARCHDIOCESE OF LOS ANGELES & ST. GENEVIEVE CATHOLIC CHURCH

STUDENT/YOUTH ACTIVITY PERMISSION FORM

Student Name: _____ Phone Number: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

Activity: Confirmation Program
Activity Location: St. Genevieve Catholic Church
14061 Roscoe Blvd. Panorama City, CA 91402
Date(s) of Activity: September 2018 – May 2019

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions:

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Health Insurance Company: _____ Policy No. _____

ARCHDIOCESE OF LOS ANGELES & ST. GENEVIEVE CATHOLIC CHURCH

PHOTO RELEASE FORM

Student Name: _____ **Phone Number:** _____

Date of Birth: _____ **Male** _____ **Female** _____ **Grade** _____

Activity: Confirmation Program
Activity Location: St. Genevieve Catholic Church
14061 Roscoe Blvd. Panorama City, CA 91402
Date(s) of Activity: September 2018 – May 2019

I understand and agree that my child's photograph, video, recordings, or other memorializing relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Please check one:

- I give permission to publish photos/videos in the parish bulletin, website, and/or social media accounts
 I **DO NOT** give permission to publish photos/videos in the parish bulletin, website, and/or social media accounts

Name of Parent/Guardian: _____

Signature: _____ **Date:** _____