



2018-2019 CONFIRMATION REGISTRATION FORM
GRADES 9TH - 12TH

CANDIDATE 1: [ ] 1st Year [ ] 2nd Year Today's Date \_\_\_\_\_

Candidate's Last Name \_\_\_\_\_ Family Name (if different) \_\_\_\_\_

OTHER SACRAMENTS NEEDED: [ ] BAPTISM [ ] FIRST HOLY COMMUNION

Full Baptismal Name \_\_\_\_\_ [ ] Male [ ] Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ T-Shirt Size: XS S M L XL XXL

Email Address (used for RE correspondence) \_\_\_\_\_

School Attending in Fall \_\_\_\_\_ Grade \_\_\_\_\_

CANDIDATE 2: [ ] 1st Year [ ] 2nd Year Today's Date: \_\_\_\_\_

Candidate's Last Name \_\_\_\_\_ Family Name (if different) \_\_\_\_\_

OTHER SACRAMENTS NEEDED: [ ] BAPTISM [ ] FIRST HOLY COMMUNION

Full Baptismal Name \_\_\_\_\_ [ ] Male [ ] Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ T-Shirt Size: XS S M L XL XXL

Email Address (used for RE correspondence) \_\_\_\_\_

School Attending in Fall \_\_\_\_\_ Grade \_\_\_\_\_

\* A copy of Baptismal & Eucharist certificates must accompany registration form. \*

For Office Use Only

Is your family registered at St. Thomas Aquinas? [ ] Yes [ ] No If yes, include Parish envelope # \_\_\_\_\_

Registration Date \_\_\_\_\_ Raffle Tickets # \_\_\_\_\_

Year1 Tuition (\$100 per child) \$ \_\_\_\_\_ C.C/ Debit: Yes \_\_\_\_\_ No \_\_\_\_\_ Part \_\_\_\_\_

Number of Children: \_\_\_\_\_ Cash: Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_

Year 2 Tuition (\$200 per child) \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Additional fees (if applicable) \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Retreat (\$20 per child) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Late Fee (\$25 after 10/18) \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Amount Due \$ \_\_\_\_\_ Accounting entered: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

❖ All fees must be paid by December 2019.



**2018-2019 CONFIRMATION REGISTRATION FORM  
GRADES 9<sup>TH</sup> - 12<sup>TH</sup>**

**FAMILY INFORMATION**

The Candidate live(s) with     Both Parents             Mother Only     Mother/Stepfather     Guardian(s)  
    Grandparents             Father Only     Father/Stepmother

---

***Mother/Stepmother Information***

Name: \_\_\_\_\_ Religion \_\_\_\_\_  
**Maiden Name:** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Father/Stepfather Information***

Name \_\_\_\_\_ Religion \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

**HEALTH INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list some of your son/daughter strengths.

---

Please list areas in which your son/daughter needs improvement, has special needs (i.e., any disabilities, taking regular medication), or allergies.

---

Are there any special/family circumstances regarding this student that we should be aware of ?  
Yes    No            If yes, please explain.

---



# CONFIRMATION EMERGENCY-EARTHQUAKE FORM

### Candidate 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male       Female      Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Special needs or concerns: (List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illness and injuries. Any hospitalizations during the past 12 months [include name of hospital], and any medication prescribed for long-term continuous use):

---

### Candidate 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Special needs or concerns: (List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illness and injuries. Any hospitalizations during the past 12 months [include name of hospital], and any medication prescribed for long-term continuous use):

---

I hereby warrant to St. Thomas Aquinas Catholic Church that I am entitled to legal custody and possession of my child, and accordingly am authorized to sign this emergency form.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

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

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize St. Thomas Aquinas Catholic Church or its Representative to take my child to the doctor listed above or to the hospital listed below.

\_\_\_\_\_  
Hospital of preference:

I give my permission to the adults working with St. Thomas Aquinas Catholic Church to give medical care as needed, including permission to the physician selected to render any medical or surgical care deemed necessary to my child if a parent and/or guardian cannot be reached. I understand that in the event that professional medical care is needed, I will be notified as soon as possible at one of the above numbers.

It is understood that by signing this consent form that the parent-guardian absolves St. Thomas Aquinas Catholic Church and its Religious Education/Confirmation Program, the Staff, and any and all members of its' governing Boards from any responsibility for the safety, welfare, health, and well-being of the participant, beyond such matters as may be called reasonable care for the participant in the custody of an adult working with the St. Thomas Aquinas Catholic Church and subject to the adults clear instructions. Should it be necessary for the participant to receive medical attention or to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all medical and transportation costs.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

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



**RELIGIOUS EDUCATION SACRAMENTAL PREPARATION  
COMMITMENT STATEMENT FOR PARENTS**

The Religious Education Program is important in the spiritual development of your son/daughter. Since classes only meet for 2 hours on Sundays, September through May, maintaining good attendance is very important. A commitment of the parents to this program is necessary to ensure that your son/daughter learns as much as possible and understands the importance of his or her Catholic faith. A good example is provided by you, the parents, by bringing your son/daughter to First Holy Communion prep classes on time and by attending Mass every Sunday with your son/daughter.

\_\_\_\_\_ I understand that during preparation for sacraments, my son/daughter attendance is essential. No more than 3 unexcused absences per school year are allowed.

\_\_\_\_\_ We will attend Mass on a regular basis.

\_\_\_\_\_ We will attend the mandatory sacramental preparation meetings.

**Please Print:**

\_\_\_\_\_  
Name of Student 1

\_\_\_\_\_  
Parent(s) Name

Grade of Student (***Please circle***)

SACRAMENT PREPARATION

8      9      10      11      12

1<sup>st</sup> year\_\_\_\_ 2<sup>nd</sup> year\_\_\_\_

\_\_\_\_\_  
Name of Student 2

\_\_\_\_\_  
Parent(s) Name

Grade of Student (***Please circle***)

SACRAMENT PREPARATION

8      9      10      11      12

1<sup>st</sup> year\_\_\_\_ 2<sup>nd</sup> year\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CONFIRMATION PUBLICATION OF PHOTOGRAPHY CONSENT FORM

Candidate(s) Last Name: \_\_\_\_\_

I understand that from time-to-time St. Thomas Aquinas Church may wish to publish photographs of Religious Education and/or Confirmation students in the Sunday Bulletin or in another church related publication. The Sunday Bulletin is posted on the St. Thomas Aquinas website on an Internet accessible World Wide Web server. I understand that St. Thomas Aquinas' website may also wish to use photographs of Religious Education and/or Confirmation students. Photographs posted on the Internet may include only the last name initial and first name of the Religious Education and/or Confirmation student.

I acknowledge that the church website content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet and that St. Thomas Aquinas Church has no control over this. I hereby waive, release, and forever discharge any and all claims, demands or causes of actions against St. Thomas Aquinas Church and its facility, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the website for damages or injuries in any way related to. Connected to or arising from the publishing or posting of information on the church's internet website or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the website.

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization, that I will submit another authorization form to St. Thomas Aquinas Church.

*Please check the applicable option:*

\_\_\_\_ My son(s)/daughter(s) photograph(s) can be published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

\_\_\_\_ I do not want my son(s)/daughter(s) photograph(s) published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

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

## STUDENT INFORMATION

Candidate 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: **(Please circle)**     Confirmation 1<sup>st</sup> Year     Confirmation 2<sup>nd</sup> Year

Candidate 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: **(Please circle)**     Confirmation 1<sup>st</sup> Year     Confirmation 2<sup>nd</sup> Year



St. Thomas Aquinas Church – Religious Education  
 VIRTUS “Teaching Touching Safety” Children’s Program  
 Archdiocese of Los Angeles  
 “Permission Form” 2017-2018

TO: Parents  
 FROM: St. Thomas Aquinas Religious Education Office  
 SUBJECT: **Opt-In Notice of VIRTUS**  
 Date: TBD

---

St. Thomas Aquinas Confirmation program will present a sexual abuse prevention program, called *Touching Safety*, to our students. The creators of the Protecting God’s Children program developed the Touching Safety program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your son or daughter participates. If you have any questions about the program, please contact Carmen Austria at (626)993-4933. If you determine that you **DO**, in fact, want your child to participate, please complete the “opt-in” form at the bottom of this page.

For more information on the Touching Safety program visit the VIRTUS online website at [www.virtus.org](http://www.virtus.org)

---

Permission form for use with the Touching Safety program:

**I understand that the only way my son/daughter will be allowed to participate in the Protecting God’s Children “Touching Safety” program is with my permission. I am specifically requesting that St. Thomas Aquinas Religious Education program presents the *Touching Safety program* to my son/daughter:**

**Candidate 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade: \_\_\_\_\_

**Candidate 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
 Parent’s Name (Print)

\_\_\_\_\_  
 Signature of Parent(s)/Guardian(s):

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

 **Confirmation Retreat**  
**Parental/Guardian Consent Form and Liability Wavier**

Name of Candidate: \_\_\_\_\_ Sex:  Male  Female  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Parish: St. Thomas Aquinas Church  
Parent/Guardian's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work # : \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent Email: \_\_\_\_\_ Teen Email: \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: **Confirmation Retreat**  
Destination of Event: **St. Thomas Aquinas Catholic Church**  
Cost of Event: \$20.00 Confirmation Retreat  
Date of Event: TBD  
Arrival / Dismissal: \_\_\_\_\_

**\*Parents need to provide their children own transportation from and to the event.**

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this parish, **ST. THOMAS AQUINAS CATHOLIC CHURCH**, its officers, directors, and agents and the **ARCHDIOCESE OF LOS ANGELES, SAN GABRIEL REGION**, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Gabriel, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_



# CONFIRMATION CANDIDATE RETREAT CODE OF CONDUCT FORM

1. Participants will enter the retreat with openness to growing deeper in their relationship with The Lord. They will also be open to building new relationships with peers and adult leaders.
2. Participants will demonstrate Christian values in their language and behavior. They must respect the presenters, planners and peers. They must arrive on time for scheduled activities. They must not leave the retreat without permission.
3. Participants will respect the rights and property of others and will not vandalize or steal. They or their family members will be responsible for financial obligations that result from such behavior.
4. Participants will not possess or use illegal items or items that endanger themselves or others including: drugs, alcohol, firearms, fireworks, matches, cigarette lighters, knives.
5. No smoking is permitted in any room or any public space.
6. Participants will refrain from inappropriate conduct. This includes but is not limited to:
  - Kissing - Inappropriate touching - Sexual Activity
  - Massages of any kind - Any form of unwanted affection.
  - Verbal sarcasm - Compliments that relate to another=s body
7. Modest and appropriate dress is required. This prohibits short shorts or skirts, tank tops, or clothing bearing a message which is contrary to Christian values.
8. Cell phones, I pods/MP3 players, radios, CD players, or video games are not permitted unless otherwise noted.

**I have read and understand the Candidate Code of Conduct. I am willing to commit myself and participate fully in St. Thomas Aquinas' Confirmation program.**

\_\_\_\_\_  
**Signature of Student:**

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

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

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





# CONFIRMATION CANDIDATE CODE OF CONDUCT FORM

- I agree to participate fully in both small and large group Religious Education or Confirmation activities.
- I understand that I should not arrive later than ten (10) minutes after the official starting time of an event or activity and that I must be picked up promptly at the designated ending time so that I will not keep the others waiting.
- I understand that cigarette smoking is unhealthy and, therefore, prohibited by any student at all St. Thomas Aquinas' Parish sponsored events.
- I understand that I will not be in the possession of, or under the influence of any alcohol or illegal substance.
- I understand that I am not to bring any weapons or any other material that might endanger those around me. If I am aware of someone else who is in possession of any dangerous item, I will make an adult aware of the situation.
- I understand that there is to be no foul language or vandalizing during any St. Thomas Aquinas' events. I also agree to respect the other individuals who attend. This includes my peers, the adult volunteers, and the parish staff.
- I understand that inappropriate contact of a violent or sexual nature will not be tolerated.
- I understand that I am responsible for the cleanliness of any facility I use at St. Thomas Aquinas and will clean up my own mess. I may be asked to pay for damages to the facility caused by my inappropriate behavior.
- I agree not to use photographic devices such as cameras and camera phones without the permission of the Director of Religious Education and/or youth ministers. This includes trips, activities, retreats, and group meetings.
- I understand that I am responsible for all of my actions and should conduct myself in a proper Catholic manner. Therefore, I will not threaten others verbally or in writing; over the web, via text message or in person.
- I understand that if I do not follow the Code of Conduct, the consequences may range from a warning, parental notification, suspension from Youth Group functions, community service assignment, or loss of membership from the program without refund.

**I have read and understand the Candidate Code of Conduct. I am willing to commit myself and participate fully in St. Thomas Aquinas' Confirmation program.**

\_\_\_\_\_  
**Signature of Student:**

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

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s):**

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

# ACKNOWLEDGEMENT OF RECEIPT OF THE CONFIRMATION HANDBOOK 2018-2019

I have read and understand the Confirmation handbook. I am fully aware of what requirements must be met and/or completed prior to me receiving and/or my child receives the sacrament of Confirmation. I am willing to commit myself and participate fully in St. Thomas Aquinas' Confirmation program.

**Name of Student:**

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

**Signature of Candidate:**

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

**Signature of Parent(s)/Guardian(s):**

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