



# Sacramental Preparation

for Middle School and High School Students  
2025-2026

***PLEASE PRINT ALL REQUESTED INFORMATION:***

St. Peter & St. Paul Registration #: _____ (Found on Offertory Envelope)	
<b>1<sup>st</sup> Youth's Full Name:</b> _____	<b>Gender:</b> M / F
<b>Birthday:</b> ___/___/___	<b>Grade in Sept. 2025:</b> _____
How many years of Religious Education has he/she received? _____	
Is he/she Baptized in the Catholic Church? Y / N      Has he/she received 1 <sup>st</sup> Holy Communion? Y / N	
<b>Special Needs?</b> _____	
<b>If registering a 2<sup>nd</sup> Youth, Full Name:</b> _____	
<b>Gender:</b> M / F	
<b>Birthday:</b> ___/___/___	<b>Grade in Sept. 2025:</b> _____
How many years of Religious Education has he/she received? _____	
Is he/she baptized in the Catholic Church? Y / N      Has he/she received 1 <sup>st</sup> Holy Communion? Y / N	
<b>Special Needs?</b> _____	

**Father's Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone #: Father** (\_\_\_\_) \_\_\_\_\_ **Cell Phone # Mother** (\_\_\_\_) \_\_\_\_\_

**Parents Married? YES / NO**                      **To each other? YES / NO**

***Sacramental prep is \$100 per student, for materials. (First Communion Only)***  
***\*\*NO STUDENT IS EVER TURNED AWAY DUE TO LACK OF FUNDS\*\****  
*Please inquire about payment and scholarship options*

-----OFFICE USE ONLY-----

Amount Paid \$ \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Sacramental Prep: Yes No Date: \_\_\_\_\_

<input type="checkbox"/> Check here to confirm a copy of Baptism Certificate was received. A copy must be submitted prior to the start of the formation sessions.
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# Informational Medical and Family History Form 2025-2026

## Medical

Family (Last) Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Youth(s)'s Full Name	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & other pertinent medical information
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Do you authorize the office to transport your Youth(s) to a doctor in case of emergency? (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Youth(s):

1. Have a **physical, emotional** or **behavioral** condition we should know about? Yes / No

(Examples of **physical** conditions include permanently impaired hearing, seeing, speaking, movement of any limbs, etc.

**Emotional** conditions include clinically diagnosed depression, bi-polar disorder, general anxiety, or social anxiety, etc.

**Behavioral** conditions include Attention Defecit Disorder (ADD) or Attention Defecit Hyperactivity Disorder (ADHD), Asperger's Syndrome, Tourette Syndrome, etc)

If yes, please provide important but basic details regarding your child(ren)'s condition. If more than one condition exists, please list all that apply under the three categories listed above. If you will soon be or currently are in the process of discovering if a condition does exist for your child, please list any physical, emotional, or behavioral signs/symptoms exhibited.

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2. Receive special education services? Yes / No

If yes, please provide a copy of their I.E.P. Please also provide important but basic details regarding your child's condition.

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## Family History

Please answer these questions as honestly and completely as possible. The answers to these questions can help us to best serve your child and you. Often, a child's questions about faith and Catholic teaching come from their experiences in the family. We can better answer their questions if we have prior knowledge about the family's living situation.

1. Please indicate your marital status:  Single  Married  Divorced, but not re-married  Divorced and re-married

2. Please indicate the living situation for your child(ren):

My child lives with me and my spouse (married)

My child lives with me sometimes and my ex-spouse sometimes (divorced, joint custody)

My child lives with me only (single or divorced, sole custody)

My child lives with other relatives

3a. Is/are your child(ren) adopted?  Yes  No

3b. Is your child(ren) aware that he/she is adopted?  Yes  No

4. If yes to number 3a, please answer the following two questions:

-Is one of your child's parents a biological parent?  Yes  No

-If yes, which parent?  Mother  Father

**I verify that all the above information is correct and up to date, as far as I know. I understand that St. Peter & St. Paul Youth Ministry staff will keep this information confidential except when needed to attend to the medical and/or pastoral needs of my child. In such a case, this confidential information will be shared only with the necessary parties (doctors for medical information, priests or supervisors for pastoral needs).**

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

# PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

**DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167**  
**CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001**  
[St. Peter & St. Paul Catholic Church, 9135 Banyan St, Alta Loma, CA 91737, 909-987-9312](http://www.stpeterandstpaul.org)

<b>EVENT INFORMATION</b>	<p><b>Event: Sacramental Preparation 2025-2026</b></p> <p><b>Location: John Paul II Center, St. Peter &amp; St. Paul Church</b> 9135 Banyan St., Alta Loma, CA 91737</p> <p><b>Phone: 909-987-9312 Ext. 1202</b></p> <p><b>Date &amp; Time of Activity: Thursdays 5:30pm–7:00pm</b></p> <p>(Please Print) Participant(s)'s Name(s): _____ Date(s) of Birth ____/____/____</p>	<p><b>**Please check one:</b></p> <p><input type="checkbox"/> Adult (18 and older)</p> <p><input type="checkbox"/> Youth (under 18)</p>
<b>MEDICAL LIABILITY</b>	<p>Parent's Name: _____ Phone #: _____ Cell or Work #: _____</p> <p><b>Emergency Contact Name:</b> _____ Phone #: _____</p> <p>Family Physician: _____ Phone #: _____</p> <p>Insurance Company: _____ Policy No: _____</p> <p>Allergies/ Medical Problems/ Disabilities _____</p> <p>Is the participant taking any over the counter or prescriptions drugs? <b>Please list and print Clearly</b> _____ <i>(Use another sheet if necessary)</i></p> <p><b>Please list any Allergies to medication or foods</b> _____</p> <p>I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.</p> <p>I understand all reasonable safety precautions will be taken at all times by the <u>Coordinator of High School Youth Formation (909-987-9312 Ext. 1202)</u> and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. <b>I agree not to hold, St. Peter &amp; St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.</b></p>	
<b>CONDUCT</b>	<p>I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.</p>	
<b>PHOTO</b>	<p>I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.</p> <p><input type="checkbox"/> By checking this box, I <b><u>DO NOT</u></b> authorize any photos, videotapes or recordings of my child.</p>	
<b>PERMISSION</b>	<p>_____ <b>Parent/Guardian Signature Required</b> (For Minors under 18)</p>	<p>_____ Date</p>
	<p>_____ <b>Signature of Participant Required</b> (Youth or Adult)</p>	<p>_____ Date</p>