



Confirmation Registration Form

Class Year 2026-2027

Please be sure to complete **all** forms, and to **print clearly**. Also, please provide a copy of the **Baptism Certificate and First Communion** even if your child received any sacraments at our parish.

THE TOTAL REGISTRATION FEE IS \$255 for year 1, this includes retreat cost

THE TOTAL REGISTRATION FEE IS \$385 for year 2, this includes retreat cost

St. Peter & St. Paul Registration #: _____ (Number on Offertory Envelope)

(If you are **not** registered in the Parish, you **must** register on Parishsoft to be in Confirmation)

Please select year: Year 1 Year 2

Student's Full Name: _____ Gender: M / F

Current Age: _____

Birth day: ____/____/____ School: _____ Grade in School: _____
(2026 – 2027 School Year)

Church of Baptism: _____ Date of Baptism: ____/____/____

City & State of Baptismal Church: _____

(A copy of the baptismal certificate must also be turned into the youth office)

Has student received First Communion? Yes No

Do you attend Mass weekly? Yes No Which Mass do you usually attend? _____

Father's Full Name: _____

Father's Email Address: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Email Address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone # Father: (____) _____ Cell Phone # Mother: (____) _____

Home Phone #: (____) _____ Which is the **best** number to contact? _____

Preferred language for emails/Idioma preferido para mensajes de correo electrónico: English Español

OFFICE USE ONLY:

Date Received: _____ Year 1 Year 2

Baptism Cert: Yes No Sponsor Form: Yes No

PAID

CK # _____ Rec# _____

Date _____ Total _____

Informational Medical and Family History Form 2026 – 2027

Family's Last Name _____

Critical Medication, blood type & other pertinent medical information

Do you authorize St. Peter & St. Paul Church to transport your child to a doctor in case of emergency?
(Initial one) Yes _____ No _____

Does your child have a **physical**, **emotional** or **behavioral** condition that we should know of? 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 Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Asperger's Syndrome, Tourette Syndrome, etc.)

If yes, please provide important, but basic details regarding your child'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.

Does your child 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 so we can be sure to help your child learn in a way that actually helps them.

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. Please realize these answers will be kept confidential among the youth ministry staff and will not be released in any way to any parties outside the youth ministry office.

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:
 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
3. Is your child adopted? Yes No
4. If yes to number 3, please answer the following two questions:
-Is one of your child's parents a biological parent? Yes No
-If yes, which parent? Mother Father
5. Is a parent deceased? Mother Father

PARENT MEDICAL & LIABILITY RELEASE, STATEMENT CODE OF CONDUCT, & 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 CHURCH 9135 Banyan Street, Alta Loma, CA 91737 (909) 987-9312

EVENT INFORMATION

Event: Confirmation Sessions 2026 – 2027

Location: John Paul II Center, St. Peter & St. Paul Church
9135 Banyan Street, Alta Loma, CA 91737

Phone: 909-987-9312 Ext. 1202

****Please check one:**
 Adult (18 and older)
 Youth (under 18)

(Please Print)

Participant's Name: _____ Date of Birth _____ / _____ / _____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print clearly _____ *(Use another sheet if necessary)*

Please list any Allergies to medication or foods _____

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/ or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Confirmation Coordinator (909-987-9312 Ext. 1202) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, St. Peter & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

MEDICAL LIABILITY

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.

CONDUCT

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.

By checking this box, I do **NOT** authorize any photos, videotapes or recordings of my child.

PHOTO

Parent/Guardian Signature Required
 (For Minors under 18)

 Date

PERMISSION

Signature of Participant Required
 (Youth or Adult)

 Date

Confirmation Program Requirements

2026-2027 Please keep this sheet for your records

➤ The General Program Information

- Two-Year Program
- Candidates must be Baptized & have received First Communion by the date of their Confirmation.
- Regular Sunday Mass attendance IS REQUIRED FOR ALL STUDENTS
- Class Schedule
 - Year 2 Class is on Sunday, 3:00–4:30 PM
 - Year 1 Class is on Tuesday, 6:00–7:30 PM. (****Unless the calendar shows something else.*)
 - Each session is fine tuned to the age and spiritual formation of each group.
 - Missed classes must be made up. **Maximum of 4 missed classes.**
 - One on one classes can be arranged to account for missed class. 1 meeting = 2 classes

➤ The Service Requirements

- 15 hours total per year, divided as follows:
 - Minimum of 2 hours of service at home
 - Minimum of 2 hours at the church
 - Minimum of 2 hours in the community

➤ The Retreat

- One retreat per year is required, the cost for these is now added together with registration fees.
 - Year One: One-day retreat
 - Year Two: Weekend retreat

➤ The Parent Meetings

- Two required meetings per year:
 - **Sep. 15 & Jan. 12**
- (Year 2 Only) Sponsors will be asked to attend a separate formation day.
 - They are required to attend the Confirmation Mass and rehearsal with their Confirmandi.
 - Confirmation Saint must be chosen by **Jan. 24**

➤ The Confirmation Sponsor

- Must be 18 or older, a Confirmed Catholic, and if they are married, they need a Catholic marriage
- Second Year Students should identify their sponsor by the January 12th Parent Meeting.
- During the second year, two special sessions will be held for the students & their sponsors. **Jan. 24 & Apr. 18**
- Sponsors must provide a form, (provided to you by the church,) and a copy of their Confirmation certificate before being eligible as a Sponsor

➤ The Safe Environment Expectations

- All students are required to participate in Safe Environment training (1 session per year).
- Attendance is mandatory **and cannot be opted out.**

➤ The Advent and Lent Youth Mission

Each year, the parish hosts a seasonal reflection day during Advent & Lent.

- Attendance at the teen track session is required. They are typically held after the 5:00 PM Mass on Sunday.
- The regularly scheduled class for that week will be replaced by the mission session. Dates are TBD