Sacramental Preparation

1st Communion & Reconciliation

for Middle School & High School Students

2026-2027

PLEASE <u>PRINT</u> ALL REQUESTED INFORMATION:

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

1st Youth's Full Name: _____ **Gender**: M / F

Birthday: ___/___/____ **Grade in Sept. 2026**: _____

How many years of Religious Education has he/she received? _____

Is he/she Baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Special Needs? _____

If registering a 2nd Youth, *<u>only $35</u>* Full Name: _____ **Gender**: M / F

Birthday: ___/___/____ **Grade in Sept. 2026**: _____

How many years of Religious Education has he/she received? _____

Is he/she baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Special Needs? _____

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

Registration cost is <u>$125</u> for the 1st student, and $35 for any additional students

*****NO STUDENT IS EVER TURNED AWAY DUE TO LACK OF FUNDS*****

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

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

☐ Check here to confirm a copy of Baptism Certificate was received. A copy must be submitted prior to the start of the formation sessions.

Informational Medical and Family History Form 2026-2027

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.

_____
_____
_____
_____

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.

_____
_____
_____
_____

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

EVENT INFORMATION

Event: Sacramental Preparation for 1st Communion & Reconciliation 2026-2027

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

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

Phone: 909-987-9312 Ext. 1202

Date & Time of Activity: Thursdays 5:30pm–7:00pm

MEDICAL LIABILITY

(Please Print)
Participant(s)'s Name(s): _____Date(s) 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 from, 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.

I understand all reasonable safety precautions will be taken at all times by the Coordinator of High School Youth Formation (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.**

CONDUCT

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.

PHOTO

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.

PERMISSION

_____ _____
Parent/Guardian Signature Required Date
(For Minors under 18)

_____ _____
Signature of Participant Required Date
(Youth or Adult)