



2022 - 2023 YOUTH CONFIRMATION

Grades 10-12

Baptism certificate is REQUIRED at the time of registration.

TO REGISTER: SEND FORM & CERTIFICATE via FAX (951) 277-2104 or email to mamiller@sbdioocese.org

PAYMENTS: MAIL CHECK TO PO BOX 78261, CORONA CA 92877

ONLINE: <https://membership.faithdirect.net/enroll/CA600>

YOUTH FULL Name _____ Birth Date _____

Male Female Age _____ Grade _____ School _____

Home Address _____

Home Phone _____

Medical/Allergy/Special Needs Info _____

YOUTH BAPTIZED: YES NO **OTHER SACRAMENTS NEEDED:** Baptism Eucharist

BAPTISM INFORMATION: CHURCH NAME: _____

CHURCH CITY/STATE: _____ **DATE:** _____

ENROLL IN: Year 1 Year 2 **Transfer** (letterhead of prior church required for enrollment)

PARENT/GUARDIAN INFORMATION (All personal information is for emergency purposes and is kept confidential)

YOUTH lives with: Both parents One parent: Mother Father

If Guardian—Relationship with youth is _____

Father/Guardian Name _____

Cell/Daytime Phone _____ Email _____

Mother/Guardian Name _____

Mother's Maiden Name _____

Cell/Daytime Phone _____ Email _____

EMERGENCY RELEASE: IN CASE PARENT/GUARDIAN cannot be reached, please specify one person that you would allow your child to be released to:

Name _____ Relationship _____

Cell/Daytime Phone _____

I hereby grant St. Mary Magdalene Catholic Church permission to use my picture and that of the above named teen in any and all of its publications, including website entries, for purposes of publicizing Catechetical Ministry programs or for any other lawful purpose. I understand that all fees are non-refundable.

Parent Signature _____ **Date** _____

===== **FOR OFFICE USE ONLY** =====

1 teen - fee is \$100 2 teens - fee is \$150 3 teens - fee is \$200 **NON-PARISHIONER FEE - \$50**
ADDITIONAL PER FAMILY

TOTAL FEES _____ **AMT PAID** _____ **BAL DUE** _____

Check _____ # _____ Cash _____ Credit Card/FD _____

DATE FORM RECEIVED _____ **RECD BY** _____ **BAPTISM CERT RECD** YES NO