

All Saints Youth Confirmation: Family Registration

Office Use Only

Reg# _____

PLEASE PRINT NEATLY

Family's Last Name: _____ Year 1 ____ Year 2 ____

email: _____ Phone: _____

Address: _____ City _____ Zip _____

Father's Name: _____ Religion: _____

work or cell number: _____

Mother's Name: _____ Religion: _____

work or cell number: _____ Mother's Maiden name:: _____

With whom do the children live? _____

If the child(ren) live with someone other than their parents, please fill in the following information:

Gaurdian's Name: _____ Religion: _____

work or cell number: _____

Emergency Contact:Name: _____

Number: _____ Relationship to the Child: _____

Child's full name _____

Date of Birth: _____

Grade/ School: _____

Has the child:

Been Baptized? Yes No

If yes, please attach a copy of Baptism Certificate or address and phone number of the church.

Received First Communion? Yes No

If yes, please attach a copy of Communion Certificate or address and phone number of the church.

Been Confirmed? Yes No

If yes, please attach a copy of Confirmation Certificate or address and phone number of the church.

Child's full name _____

Date of Birth: _____

Grade/School: _____

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If yes, please attach a copy of Baptism Certificate or address and phone number of the church.

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If yes, please attach a copy of Communion Certificate or address and phone number of the church.

Been Confirmed? Yes No

If yes, please attach a copy of Confirmation Certificate or address and phone number of the church.



As the parent(s)/guardian(s) of the child(ren) listed on this form, I hereby give my permission for his/her participation in any and all confirmation activities. I agree to direct my child to cooperate and conform to directions and instructions of confirmation personnel responsible for confirmation activities. I agree that in the event my child is injured as a result of his/her participation in the confirmation activities, including transportation to and from those activities, whether or not caused by the negligence of the parish/school confirmation program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

In the event I cannot be reached in any emergency, I give permission to the following adults:

Name: _____ Number: _____ Relationship to child: _____

Name: _____ Number: _____ Relationship to child: _____

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

Gaurdian Signature _____ Date: _____

I have read the information included in this packet and I agree to all conditions required for my child's participation in the confirmation program, including regular mass attendance and attendance of all parent information meetings and family activities.

Parent/Guardian Signature _____ Date: _____

Please return this form to:

Leticia Arechiga
 All Saints Church
 22824 Second St.
 Hayward, CA 94541
 Phone: 510-581-2570 ext. 122
 Email: letya_122@yahoo.com

“ The family is the domestic church. In it parents should, by their word and example, be the first preachers of the faith to their children...”

-Lumen Gentium
 Dogmatic Constitution on the Church,
 Vatican Council II , 1964



All Saints Parish

Blessed be God in all the saints!

For Office Use Only

Date Received:

Amount::

Check #

Payment:

- 1 Child: \$100.00
- 2 Children: \$150.00
- 3 Children: \$200.00