



St. Christopher Church  
 Office of Religious Formation/Confirmation Ministry  
 629 S. Glendora Ave., West Covina, Ca 91790  
 Office: (626)338-2937 Cell: (626)806-9818  
 Director of Religious Formation: Mrs. Judi Peña  
[Jpena.sccdre@gmail.com](mailto:jpena.sccdre@gmail.com)

## CONFIRMATION REGISTRATION CHECKLIST YEAR 1

The following items must be completed in order for this registration to be considered SUBMITTED.

\_\_\_ 1) All items from previous year (Religious Ed: grade 1-8) including:  
 \_\_\_ Past due balances

\_\_\_ 2) Sacramental Certificates\*:  
 \_\_\_ Baptism  
 \_\_\_ First Holy Eucharist OR \_\_\_ has NOT received FHC  
 \_\_\_ RCIA\* Candidate (Baptism, FHC, Confirmation)

\_\_\_ 3) Birth Certificate

\_\_\_ 4) Registration Forms (incl. VIRTUS Form, Photo Permission, Emergency Contact/Medical Information, Service Hour Detail Form, Commitment Sheet)

\_\_\_ 5) EMAIL ADDRESS: \_\_\_\_\_  
 The bulk of our communication is done via email and/or text. Please provide an email address that is used solely by the parent/guardian. Make sure you print clearly.

\_\_\_ 6) 2018-2019 Registration Fees:  
 \_\_\_ Year One \$195.00 (Includes Retreat and Youth Day)  
 \_\_\_ Year Two \$225.00 (includes Weekend Retreat)  
 \_\_\_ Two Students: 2 @ Year One (\$195 ea) = \$340.00  
 2 @ Year Two (\$225 ea) = \$400.00  
 1 each @ Year One and Year Two (\$420) = \$370.00

Payment Arrangements: ALL Payment arrangements must be approved by the DRE.

\_\_\_ Deposit (minimum \$50 for one student and \$75 for two students)

\_\_\_ Balances may be paid over 3 payments.

Payment 1 amt: \_\_\_\_\_ due \_\_\_/\_\_\_

Payment 2 amt: \_\_\_\_\_ due \_\_\_/\_\_\_

Payment 3 amt: \_\_\_\_\_ due \_\_\_/\_\_\_

Approved by: \_\_\_\_\_ date: \_\_\_\_\_

Other arrangement: \_\_\_\_\_

\_\_\_\_\_



**St. Christopher Church**  
**Office of Religious Formation/Confirmation Ministry**  
**629 S. Glendora Ave., West Covina, Ca 91790**  
**Office: (626)338-2937 Cell: (626) 806-9818**  
**Director of Religious Formation: Mrs. Judi Peña**  
[jpena.sccdre@gmail.com](mailto:jpena.sccdre@gmail.com)

## **FIRST YEAR CONFIRMATION REQUIREMENTS**

Your initials and signature acknowledge that I am informed of the requirements to complete the First Year of the Confirmation process. If a requirement is not met, the Candidate may not be eligible to proceed to Year Two of the Confirmation program.

Parent/Student  
Initial/Initial

\_\_\_/\_\_\_

1) **Class Attendance (maximum 2 absences).** NO make-up sessions are available. Absences should be reserved for extreme emergency or illness. Homework, school projects, social or sports activities and most family activities are not acceptable excuses to be absent. Please use the Confirmation Calendar provided to schedule your other activities around your Confirmation sessions. Remember also, **MASS attendance is counted towards class attendance.**

\_\_\_/\_\_\_

2) **Mass Attendance.** As a practicing Catholic, you should already be in the habit of participating in Mass every Sunday, receiving the Eucharist and maintaining your relationship with God by receiving absolution in the Sacrament of Reconciliation at least twice per year. Attendance at the 6:30 pm Mass following your class is required as part of your class and is counted towards class attendance. Even if you attend another Mass the weekend of your class, you will still be expected to attend the 6:30 pm Mass following your class. You should also be at Mass on all Holy Days of Obligation. If there is an extreme circumstance which prevents you from attending the 6:30 pm Mass on a particular date, and you have already attended another Mass that Sunday, **your parent/guardian must see the Director prior to Class to discuss missing Mass.**

\_\_\_/\_\_\_

3) **Dress Code.** The Confirmation ministry T-shirt is to be worn at **every** class and official Confirmation activity/event. (e.g., Youth Day, Retreat, etc.) **SHORTS, Athletic type pants, yoga pants are NOT allowed in class or Mass for boys or girls.** No jeans with tears or holes. Parents will be asked to bring acceptable clothing to replace these items if worn to class, since the students will be attending Mass in these clothes.

\_\_\_/\_\_\_

4) **Cell Phones.** Cell phones are a distraction in class and Mass. Please do not send the student with them. The students can be reached or can reach you via the Religious Formation Office.

\_\_\_/\_\_\_

5) **Service Hours.** The candidates are required to serve the parish or universal Church for 20 hours per year as described in the program sheet included in the Registration Packet.

\_\_\_/\_\_\_

6) **THE FOLLOWING ACTIVITIES ARE REQUIRED TO COMPLETE YEAR ONE CONFIRMATION:**  
**Year One Confirmation Rite of Beginning the Journey (date to be scheduled, will be a class date)**  
**OneLifeLA and Requiem Mass for the Unborn, Saturday, Jan. 18, 2020 (worth 10 service hours)**  
**Youth Day Attendance (Thursday, February 20, 2020)**  
**Retreat Attendance (Date to be determined)**  
**Living Stations of the Cross (Friday, April 3, 2020)**  
**Saint Report (details to follow)**  
**20 Service Hours**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
DRE, Judi Pena



***St. Christopher Faith Formation  
Parent/Guardian Commitment Letter  
2019 - 2020***

By signing this letter I/We acknowledge that I/We am/are my/our child/children's first and foremost ***Catechist***.

**I commit to:**

1. Attending Sunday Mass with my child/ren and Holy Days of Obligation and using the Family Church Envelope.
2. Actively participating in my/our child/children's faith formation by:
  - Sharing my/our own faith journey with him/her
  - Praying with him/her
  - Discussing with the child whatever was covered at class each session
  - Supporting the student to complete any homework or family projects
  - Receiving the sacraments myself/ourselves, including Reconciliation and Eucharist on a regular basis. (If there are impediments to your receiving the Sacraments please meet with DRE so that we may assist you in your desire to receive them.)
3. Bringing them to class on time and being prepared
4. Attending scheduled class sessions with no more than 2 absences. (Especially during Year 2 sacramental preparation.)
5. Attending (3) assigned required parent's meetings.
6. Attending required Retreats, Class sessions and additional meetings for Parents of students preparing for sacraments.
7. Understanding that the Faith Formation classroom maintains a Christian caring atmosphere with respect for all.

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

4/2019



# St. Christopher Confirmation/RCIA Ministry 2019-2020 Registration Form

|                            |
|----------------------------|
| 1 <sup>st</sup> Year _____ |
| 2 <sup>nd</sup> Year _____ |
| RCIA: _____                |

|                      |                                      |                     |                                     |
|----------------------|--------------------------------------|---------------------|-------------------------------------|
| <b>Student Name:</b> | Last: _____                          | First: _____        | Middle: _____                       |
| D.O.B.               | / /                                  | Age:                | Shirt Size: <b>S M L XL 2XL 3XL</b> |
| Home Address:        | _____                                |                     | City, Zip Code: _____               |
| Home Ph.#            | ( ) -                                | Mom's Cell #: ( ) - | Dad's Cell #: ( ) -                 |
| Student Cell: ( ) -  | <b>Parent/Guardian E-Mail:</b> _____ |                     |                                     |
| High School:         | _____                                |                     | Graduation Year: _____              |

**Additional Student Info: Please list extracurricular activities/interests of student:**  
(altar server, sports teams, clubs, artistic/performance arts, etc.)

---



---

**Family Information**

|                      |  |
|----------------------|--|
| Parish Env. #: _____ | Note: Use the following for Marital Status:<br>S/M/W/D |
|----------------------|--|

|                       |       |   |                 |
|-----------------------|-------|---|-----------------|
| Father's Name:        | _____ | Religion:                                 | Marital Status: |
| Mother's Name:        | _____ | Religion:                                 | Marital Status: |
| Mother's maiden name: | _____ | Teen lives with: Both Parents ___M___F___ |                 |
| Guardian's Full Name: | _____ | Religion:                                 | Marital Status: |

**Custodial Information: Please include any custodial information you wish our office to be aware of, including the following:**

Name of custodial parent: \_\_\_\_\_

Name of non-custodial parent: \_\_\_\_\_

Is permission needed for either parent to register child for religious formation classes: **Y N**

If yes, please include any custodial documents for verification. Documents attached: **Y N**

Are there any limitations on who can drop off or pick up children from class: **Y N**

If yes, please include any verifying custodial documents. Documents attached: **Y N**

Is there a secondary address where copies of Class communication should be mailed? **Y N**

If yes, please provide below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Sacramental Information and Documentation:**

Copies of the following documents ***must*** be provided at time of registration:

|                         |                             |                                   |
|-------------------------|-----------------------------|-----------------------------------|
| _____ Birth Certificate | _____ Baptismal Certificate | _____ First Communion Certificate |
| Baptism Date:           | Church:                     | City, State:                      |
| FHC Date:               | Church:                     | City, State:                      |

**Emergency Information:**

|   |              |
|---|--------------|
| List any condition staff should be aware of:<br>(e.g., epilepsy, allergies, diabetes, etc.) |              |
| List of regular medication(s):  |              |
| Health Insurance Carrier:   |              |
| Dr. Name:   | Dr. Phone #: |

**Consent for Emergency Treatment:**

I hereby give my permission to have my child, \_\_\_\_\_ treated with minor first aid and/or paramedics, emergency care if the need arises.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, contact:

|            |        |                       |
|------------|--------|-----------------------|
| Full Name: | Phone: | Relationship to teen: |
| Full Name: | Phone: | Relationship to teen: |
| Full Name: | Phone: | Relationship to teen: |

**Earthquake/Disaster Information:** In the event of a major earthquake or disaster or any other emergency, your teen will be held on parish grounds and only released to the parents/guardians or those listed above. I hereby give my consent that these persons may take my teen home if I am unable to do so. I have notified each of them regarding this permission.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Teen was picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**Protecting God’s Children**  
**VIRTUS Program**  
Office of Confirmation  
Archdiocese of Los Angeles  
PERMISSION FORM 2019-2020

**To: Parents of registered Confirmation Candidates**  
**From: Office of Religious Formation, St. Christopher Church**  
**Subject: Permission for your child to participate in “Protecting God’s Children” Program**

St. Christopher Religious Formation will present “Protecting God’s Children” program. This program is provided to us by the Los Angeles Archdiocese and is a part of our ongoing effort to create and maintain a safe environment for the students in our care.

As parents/guardians you have the right to choose whether your student participates. Before the program is presented to the students, information will be provided to you. If you have questions about the program, please contact the Director of Religious Formation, Judi Peña at (626) 338-2937 or via email; [jpena.sccdre@gmail.com](mailto:jpena.sccdre@gmail.com)

Please complete the “Opt-in” form at the bottom of this page and return it with your student’s registration packet.

For more information, visit VIRTUS online at [www.virtus.org](http://www.virtus.org).

---

I am allowing my child to participate in the “Protecting God’s Children” program in maintaining a safe environment for them.

Print Child’s name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Parent Authorization to Use Child's Image, Name, Voice and /or Work for Non-Commercial Purposes**

**Archdiocese/School/Parish: Los Angeles, St. Christopher Parish School, St. Christopher Church**

**Class/Activity: Office of Religious Formation**

**St. Christopher Church intends to use your child's image, name, voice and/or work for the following non-commercial purposes: Classes, retreats, workshops, activities, service activities from August, 2019-May, 2020.**

The following person not connected to St. Christopher Church, Archdiocese of Los Angeles, will be involved in the class/activity: \_\_\_\_\_

***This section to be completed by Parent/Legal Guardian:***

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a minor, I hereby authorize St. Christopher Church, to use the following personal information about my child:

**Please initial the applicable sections:**

Image/visual likeness:    \_\_\_ yes            \_\_\_no            voice:   \_\_\_yes            \_\_\_ no  
Name:                        \_\_\_yes            \_\_\_no            work:   \_\_\_yes            \_\_\_no

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that St. Christopher Church may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information of my child may be copied, edited and distributed by St. Christopher Church in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ( the Materials).

St. Christopher Church may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious names, and without accurate or fictitious biographical material. St. Christopher Church will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal information now and in the future. While St. Christopher Church will take care to maintain the particular intents and purposed of the photographs or electronic recording, editing may be necessary to obtain the best results. I release and discharge St. Christopher Church and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recording, including but not limited to, distortion, blurring, alteration, optical or auditory illustrations or use in composite form.

In exchange for St. Christopher Church's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I , nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recording by St. Christopher Church. I understand and agree that St. Christopher Church shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If St. Christopher Church intends to use the Materials for a commercial purpose, I will be provided at that time more information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands or causes of action against St. Christopher Church and it employees, agents, contractors and any other person, organization or entity assisting them with the photography, electronic recording or Materials, for damage, or injuries in any way related to or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to St. Christopher Church. However, my new authorization will not have the effect of revoking this Authorization, and St. Christopher Church will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_

# SERVICE HOURS

One of the most integral elements of the Confirmation journey is to prepare the Candidate for entering and participating in Parish Life and the Church universal. Parish Life may extend beyond the boundaries of our Church campus, but serves to spread the mission of the Church-sharing and living our faith within parish ministries and other church related organizations.

The Confirmation Candidate, as part of their sacramental preparation, will learn and experience serving our faith community by performing a minimum of **20** hours per Confirmation year. The service may be completed within an established parish ministry such as: **Faith Formation, St. Vincent de Paul Food Pantry, 40 days for Life, Altar Service, Parish Music Ministry, Being part of Establishing a Parish Youth Ministry, Service Events within Youth Ministry, Teen Leader for Summer Vacation Bible Camp, etc. Community service events held at school or with other groups may also qualify. Please check with the Director of Religious Formation if you have concerns about the student's activity qualifying to fulfill this requirement.**

2) Our ministry will try to provide some events for your student to fulfill this requirement. However, do not count on us to provide all your qualifying service activities.

3) Participating in ONE WALK LA and Requiem Mass for the Unborn fulfills **10 service hours.**

4) Participating in the ***presentation*** of our **LIVING STATIONS OF THE CROSS** can provide **10 service hours** if you attend all rehearsals in addition to the presentation itself. All Confirmation students must attend the Stations of the Cross on the presentation date, however *only participating in the presentation itself* provides service hours.

5) The student must complete their hours within a minimum of ***two different service*** opportunities. (e.g., One Walk LA and Vacation Bible Camp).

6) ALL Service Hours must be signed off at the time service is performed by the adult leader supervising the event. The adult must have personally observed or served alongside the student. Service Hour forms are available in the RE Office or online at the parish website.

7) **Service hours must be completed and submitted to the RE OFFICE by SUNDAY, APRIL 26, 2020.**

I have read and understand the requirements of the SERVICE HOUR element of the Confirmation preparation process.

---

Signature of Candidate

---

Signature of Parent/Guardian