

St. Raymond Church

CONFIRMATION REGISTRATION FORM

GRADES: 9TH – 12TH

Today's Date _____

Registration Payment Information: Total Year 1 - \$250.00 Total Year 2 - \$250.00 Fundraisers-Not Due Yet Raffle Tickets Per Candidate - \$25 Cookie Dough Buy Out Per Family - \$150 (no cookie dough) or sell 15 tubs of cookie dough Pancake Tickets Per Family - \$40

SACRAMENT PREPARATION 1st Year 2nd Year

OTHER SACRAMENTS NEEDED BAPTISM FIRST HOLY COMMUNION (FHC)

* A copy of Baptism and FHC Certificates must accompany the registration form.

SACARAMENT INFORMATION

Baptism Date _____ Church Name _____

FHC Date _____ Church Name _____

CANDIDATE INFORMATION

First Name _____ Last Name _____

Male Female Birth Date _____ Age _____ Birthplace _____

School Attending _____ Grade _____

Living Arrangements:

The Child live(s) with Both Parents Mother Only Mother/Stepfather Guardian(s)
 Grandparents Father Only Father/Stepmother

Are there any custody issues or a restraining order in place? Yes No

If yes, enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child to participate? Yes No

If yes, what type of restriction does your child have or what adjustment(s) will be needed?

List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g., peanuts, bee stings, etc.). *If none, please indicate "none".*

Does your child take any medication(s)? Yes No

If yes, please provide a list:

For Office Use Only Amount Paid \$ _____ Balance Due \$ _____ Receipt # _____ REFERRED BY _____
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PARENT/GUARDIAN INFORMATION

Mother/Guardian First Name _____ **Last Name** _____

Address _____ City _____ Zip Code _____

Cell Phone # _____ Work Phone # _____

Email _____ **Maiden Name** _____

Father/Guardian Name _____ **Last Name** _____

Address _____ City _____ Zip Code _____

Cell Phone # _____ Work Phone # _____

Email _____

PARENT/GUARDIAN SIGNATURE

By signing this document, I give permission for my child to participate in this Confirmation Program.

Signature

Date

Is your family registered at St. Raymond's? Yes No *If yes, include Parish envelope #* _____

EMERGENCY CONTACT INFORMATION

If a parent/guardian cannot be reached in an emergency, please contact:

Name _____ Relationship _____

Address _____ Cell Phone _____

Name _____ Relationship _____

Address _____ Cell Phone _____

EMERGENCY/EARTHQUAKE PARENTAL CONSENT FORM

CANDIDATE INFORMATION

Last Name _____ First Name _____

Male Female Birth Date _____ Grade _____

List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illnesses, and injuries. Also list any medication prescribed for long-term continuous use:

I hereby attest that I am entitled to legal custody and possession of my child, and accordingly am authorized to sign this emergency form.

Signature _____
Date

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize St. Raymond Church Catholic Church and/or its Representative(s) to take my child to the doctor or hospital listed below.

Doctor Information

Hospital Information

I give my permission to the adults working with St. Raymond Catholic Church Religious Education/ Confirmation Program to give medical care as needed, including permission to the physician selected to render any medical or surgical care deemed necessary to my child if a parent and/or guardian cannot be reached. I understand that in the event professional medical care is needed, I will be notified as soon as possible at one of the numbers listed under our Contact Information provided.

It is understood that by signing this consent form that the parent/guardian absolves St. Raymond Catholic Church and its Religious Education/Confirmation Program, the Staff, and any and all members of its governing Boards from any responsibility for the safety, welfare, health, and well-being of the candidate, beyond such matters as may be called reasonable care for the candidate in the custody of an adult working with the St. Raymond Catholic Church and subject to the adults clear instructions. Should it be necessary for the candidate to receive medical attention or to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all medical and transportation costs.

Signature _____
Date

Print Name

PUBLICATION OF PHOTOGRAPHY CONSENT FORM

I understand that from time-to-time St. Raymond Catholic Church may wish to publish photographs of Religious Education and/or Confirmation candidates in the Sunday Bulletin or in another church related publication. The Sunday Bulletin is posted on the St. Raymond website on an Internet accessible World Wide Web server. I understand that St. Raymond' website may also wish to use photographs of Religious Education and/or Confirmation candidates.

I acknowledge that the church website content is not private and can be reviewed, copied, downloaded, and transmitted by anyone with access to the internet and that St. Raymond Catholic Church has no control over this. I hereby waive, release, and forever discharge any and all claims, demands or causes of actions against St. Raymond Catholic Church and its facility, staff, employees, agents, contractors, and any other person, organization or entity assisting them in connection with the posting of information on the website for damages or injuries in any way related to, connected to, or arising from the publishing or posting of information on the church's internet website or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the website.

Please check the applicable option:

My son(s)/daughter(s) photograph(s) **may** be published in the Sunday Bulletin or in another church-related publication and posted on the St. Raymond Catholic Church website on the internet.

I do **not** want my son(s)/daughter(s) photograph(s) to be published in the Sunday Bulletin or in other church-related publication and posted on the St. Raymond Catholic Church website on the internet.

Signature

Date

CANDIDATE INFORMATION

Last Name _____

First Name _____

Grade: **(Please circle)** **9** **10** **11** **12**



St. Raymond High School Sacrament Agreement

We invite our students who have not received their Sacraments, into full initiation of the Sacraments and into the faith community of St. Raymond. The following applies to all students. Our program is a two-year program where full and active participation is required from all parties involved. By joining our program, you are agreeing to the following

Retreats:

Candidate must attend a 1-day retreat (Year 1) Date: TBA Cost is \$40.00 (On Property)
Candidate must attend a 3-day retreat (Year 2) Date: TBA Cost is \$300.00 (Away)

Payments:

Cash and checks accepted. If a check should be returned at any time, there will be a \$20.00 fee and payment made in cash only for both check and fee. All registration fees must be paid in full by **November 1, 2026. (NO REFUNDS)**

Masses & Life Teen: Mandatory

Students must attend the 12PM Life teen Sunday Mass at St. Raymond's. Student Weekly envelopes must be turned in at Mass during **SECOND COLLECTION for Mass attendance records** with \$1.00 (We are teaching them about tithing to the Church.

All Life teen Events must be attended.

Attendance:

Only 3 absences (excused or unexcused) are accepted for the program. After 3, student may be removed from the program.

Service Hours & Meetings:

Candidate will perform 30 hours of community service done by **March 1, 2027**

Candidate, parent & Sponsor will attend all mandatory meetings

Parent must complete 15 service hours or pay \$50.00 to opt out by **March 1, 2027**

Behavior:

Candidates will respect all leaders, helpers and each other. If a Candidate disrespects, violates, bullies or hurts another in any way, they will be immediately removed from the program. We have a ZERO tolerance policy for any of that.

Mandatory Fundraisers:

Candidate must sell \$25.00 worth of Parish Raffle Tickets (Per Child)

Candidate must participate in one cookie dough fundraiser to sell 15 tubs or buy out @ \$150.00 (Per Family)

Candidate must sell \$40.00 worth of Pancake Breakfast Tickets (Per Family)

I have read the requirements and understand that my child and family have to fulfill all requirements to remain in the program. If at any time requirements are not being met, my child will be removed from the program. I understand that no refunds of any kind will be given.

Parent _____

Date _____

**Empowering God's Children and Young People© Safety Program
2026 – 2027 Permission Slip**

To: Parents / Guardians

From: St. Raymond Catholic Church

Subject: Empowering God's Children and Young People© Safety Program

Date: TBA

We are committed to your child's safety and well-being. Child abuse, whether physical, sexual, or emotional, continues to afflict our society. Children and young people can be empowered with the knowledge and understanding of how to keep themselves and others safe from possible harm.

The *Empowering God's Children and Young People© Safety Program* of the Archdiocese of Los Angeles is dedicated to providing continued education to children and young people through classroom lessons and activities on ways to maintain their own personal safety. This program also highlights God's love and desire for the health and safety of all His children.

"Internet Safety" will be presented to our students during the month of **October**. The lesson focuses on the importance of being safe and being aware of the dangers that can be encountered while on the internet. Each lesson includes classroom lessons and discussions at age appropriate levels

Materials will be sent home for parents to see before class is given. If you should change your mind at any time, a new form will have to be filled out.

St. Raymond Church
Empowering God Children and Young People© Safety Program
Internet Safety
Parent/Guardian Permission Slip
2026 – 2027

My signature below confirms that _____, my child, has my permission to participate in the *Empowering God's Children and Young People© Safety Program*. I understand that I need to complete and return a Parent/Guardian Permission Form **for each child participating.**

Child's Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____