Registration for the St. Philip Neri – St. Albert the Great 2026-2027 Teen Confirmation Program is now open.

This is a two-year Sacramental Preparation Program serving Catholic Teens of our parish community currently enrolled in grades 8th - 11th. Our program includes monthly & bi-monthly Faith Formation Sessions, Youth Mass & Liturgical Celebrations, Volunteer Service Opportunities, Diocesan Youth Events and a 2nd year Retreat Weekend, all designed at preparing Teen Candidates to receive the Sacrament of Confirmation by helping them come to

"Know, Love and Live our Catholic Identity."

To learn more, please join us for an information meeting on Sunday, September 20 at 1pm in the O'Brien Hall or contact

Catherine Morales
Youth Minister
youth@spnsa.org
(510) 373-5216

****Our program begins Sunday, October 4th****
@ 11:30 am Youth Mass St. Philip Neri Church

Registration forms are available online, in the vestibule and parish office. Please return completed forms to the parish office. **Thank You!**

St. Philip Neri – St. Albert the Great
Confirmation Registration Form

❑ **First Year** ❑ **Second Year**

Name_____Date of Birth_____

Parent(s) Name_____

(Please include Mother's Maiden Name)

Address_____

City_____State_____Zip_____

Home Phone:_____Parent Cell Phone:_____

Parent Email_____Teen Email_____

School_____Grade_____

Parish you are registered in_____

Date and Parish of Baptism:_____

Church address_____

Diocese_____

(A copy of the Baptismal Certificate must be included with this form)

Date and Parish of First Communion:_____

Sponsor's Name_____

CONFIRMATION NAME _____

REGISTRATION FEES: First Year - $100 Second Year - $300

Please make checks payable to - St. Philip Neri – St. Albert the Great Parish

Does your son/daughter have any learning disabilities or special needs you think we should know about? Yes / No (Please use additional space on reverse if needed)

SPONSOR INFORMATION FORM

Date: _____ Candidate's Name: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Sponsor's Parish: _____

Address: _____ City: _____ Zip: _____

If you are not a registered member of St. Philip Neri – St. Albert the Great, a letter from your pastor/parish attesting your ability to be a sponsor for the sacrament of Confirmation is required. This letter must arrive in our church office 60 days prior to Confirmation which is scheduled on _____.

To be a sponsor, I realize that I must:

1. Be an active, practicing Catholic
2. Not be one of the candidate's parents
3. Be at least 18 years of age
4. Have received the sacrament of Confirmation
5. Be receiving the sacraments of Penance and Eucharist frequently.
6. Be married in the Catholic Church, if married.
7. Plan to maintain an ongoing relationship with the candidate to promote the candidate's lifelong spiritual growth.

Relationship to Candidate: _____

I declare that I am living such a life and that I will be a long-term spiritual guide and mentor for my candidate.

Sponsor's signature _____ Date _____

Photo Release Form 2026-2027

Dear Parents:

Throughout the Confirmation Program, we will occasionally take photographs and/or video clips of group activities and programs for purposes of community building and occasional publication in the bulletin, Church display and Website.

Name of Child/Children: Grade:

_____ _____

_____ _____

_____ _____

☐ I give the Parish permission to use my child's name and photograph.

☐ I do not give the Parish permission to use my child's name and photograph.

_____ _____

Parent's Signature Date

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name_____Parish_____

Address_____Phone_____

School_____Grade_____Birth Date_____

Parent/Guardians Name_____Home Phone_____

Address_____Work Phone_____

Pager or other Number_____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name_____Phone_____

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HEALTH AND MEDICAL INFORMATION

Family Physician_____Address _____
Phone _____
Medical Plan_____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? □ Yes □ No
State any reasons why you do not want medical care given to your child in an emergency

Has your child had difficulty with the following (circle all that apply):
Asthma Fainting Spells Convulsion
Diabetes Heart Eyes Ears
Nose Throat Lungs Digestion
Menstrual Problems
Other_____
List any physical restriction or restrictions for any activity on the basis of medical condition:

State the date of your child's last physical examination:_____

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in **2026-2027 Teen Confirmation Program,** and all related activities, including but not limited to transportation to and from this youth ministry event.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from CFF/Youth Ministry staff or adult volunteer leaders.

3. I /we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.

4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in **2026-2027 Teen Confirmation Program**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.

2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.

3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

Model Release Statement

I hereby *(circle one)* GRANT/ DECLINE permission for my child (ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of **St. Philip Neri- St. Albert the Great, St. Joseph and St. Barnabas.**

I have read this Agreement and understand everything written above.

_____ Date_____
Signature of Parent or Guardian

_____ Date_____
Signature of Parent or Guardian