

Holy Trinity Confirmation Orientation

When: September 20, 2023

Time: 7:00pm

Where: Holy Trinity Auditorium

Welcome Incoming Confirmation Students and Families,

Holy Trinity Confirmation program seeks to create and foster the Confirmation candidates' relationship with God in their Catholic faith in order to better catechize them. Our Catechists and Teen Leader are eager to welcome all of our candidates into the program. The Confirmation program requirements are as such, but not limited to; Meetings are every other Wednesday at 7:00 pm and ending at, 8:30 pm (maximum of 2 absences allowed)

*****Please be advised we are working out these days and times still*****

- Both Confirmation 1 and 2 must attend our Weekend Confirmation Retreat.
20 Christian Service Hours per year (5 hours need to be Parish -meaning, Holy Trinity- Service Hours; the remaining 15 hours are for the Community).
- Sponsor needs to be chosen and assisting the Confirmation Candidate on their spiritual journey
- Sunday Mass Obligation
- A completed Saint Report

Attendance at FOUR - 5:30 pm Masses and Life Nights (TWO in the FALL and TWO in the SPRING)

In order to register, please complete the necessary enclosed forms and include a copy of your baptismal certificate and the payment before September 20th to avoid late fees. Space is limited:

- Registration Form
- Permission Form / Medical Release Form
- Safeguard Your Children Form
- Baptismal Certificate
- Parent Support Form

Payment: If the payment and the forms are received on or before September 20th, the payment is \$150 per parishioner and \$170 per non-parishioner. Anything after September 20th there will be a \$20 late fee.

Our Confirmation program is in need of great small group leaders seeking to help share their faith with our teens. If you are able to help our Confirmation program, please contact Marc Leon.

Blessings,

Marc Leon

Youth Minister and Confirmation Coordinator

Lifeteenym@holylrinitysp.org

Phone number (310) 548-6535, ext. 340

Holy Trinity Confirmation Registration



Registration fee per year is \$150 per parishioner/\$170 per non-parishioner

(Checks made payable to Holy Trinity Church)

► Due by September 20, 2023 ◀

YEAR ONE: ☐ (check here)

YEAR TWO: ☐ (check here)

PLEASE PRINT

Teen's Name: _____
Last First Middle Date of birth Sex

Address: _____ City: _____ Zip: _____

Teen's cell phone: _____ Teen's email: _____

Grade this Fall 2023: _____ High School attending _____ Height _____ Weight _____

Father's info:

First Last

Home number: _____

Cell number: _____

Work number: _____

Email: _____

Mother's info:

First MAIDEN

Home number: _____

Cell number: _____

Work number: _____

Email: _____

► **YEARS 1 & 2: BAPTISMAL CERTIFICATE COPY**
must be attached to this registration form for processing!

Check all EDGE Ministry grades completed: 6th ____ 7th ____ 8th ____ None ____

Check all CATHOLIC Middle School grades completed: 6th ____ 7th ____ 8th ____ None ____

Is teen baptized? ____ Where? ____ When? ____

Has teen made First Confession? ____ Where? ____ When? ____

Has teen made First Communion? ____ Where? ____ When? ____

Teen's Confirmation (Saint) Name: _____

Confirmation Sponsors Name: _____ Is Sponsor Confirmed? ____
First Last

Office use only:

Amt paid \$ _____ Date: _____ Cash ____ check# _____ Bal due: _____

Amt paid \$ _____ Date: _____ Cash ____ check# _____ Bal due: _____

Amt paid \$ _____ Date: _____ Cash ____ check# _____ Bal due: _____

Monthly Payments () Scholarship () Youth Minister: _____ Date: _____

Office of Youth Ministry and Confirmation

Holy Trinity Parish

2022-2023

209 N. Hanford Avenue
San Pedro, CA 90732
(310) 548-6535
lifeteenym@holyltrinitysp.org

Dear Parents:

The Confirmation program at Holy Trinity Parish will be presenting a yearly safety educational program during one class time this catechetical year.

This program was developed by the creators of VIRTUS *Protecting God's Children*® and is mandatory in the Archdiocese of Los Angeles. This is only a personal safety education program. The safety education program is part of an ongoing effort to help create and maintain a safe environment for our youth and to protect all children from any sort of abuse.

As a parent, you have the right to choose whether or not your child participates.

Signed form must be returned with your registration.

For further information visit the VIRTUS online website at www.virtus.org

► Return this signed form with your registration

My child: _____

May participate: _____ May **not** participate: _____

In the Protecting God's Children program offered by the Confirmation Program at Holy Trinity Parish.

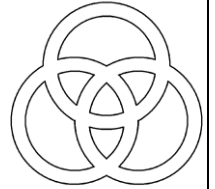
Parent's Name (printed): _____

Parent's Signature: _____

Date: _____



CONFIDENTIAL



EMERGENCY MEDICAL FORM
Confirmation and Youth Ministry

Emergency Treatment/Release Statement: In the event of an emergency, and **I cannot be reached**, I hereby authorize Holy Trinity's Confirmation Program/Church and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my daughter/son _____ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all cases, I will be notified as quickly as possible.

Signature of Parent/Guardian

Date

Student Full Name: _____

Date of Birth: _____

Full Address: _____

Father's/Guardian Cell Number: _____

Mother's/Guardian Cell Number: _____

Additional Permanent Emergency Telephone Number: _____

Name of Person at Emergency Number: _____

Relationship to Youth: _____

******Please list any and all allergies, special medical conditions, special medications, or health problems with which Holy Trinity should be aware of:**

Blood Type (if known): _____

Name of Family Doctor: _____

Emergency Phone Number: _____

Medical Insurance Policy Name and Number: _____

Emergency (or Prior Approvals) Phone Number: _____

Name of Family Dentist: _____

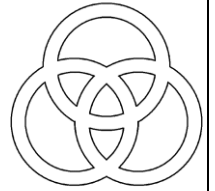
Emergency Phone Number: _____

Dental Insurance Policy Name and Number: _____

Emergency (or Prior Approvals) Phone Number: _____



Holy Trinity Confirmation/ Youth Ministry Parental Permission/Release Form Confirmation Program



My son/daughter _____, has my permission to participate in the Holy Trinity Confirmation & Youth Ministry Program and the adult leaders have my permission to sign any waiver of liability which may be required. In the case of injury or illness, a representative of Holy Trinity Church is authorized to render emergency first aid and/or seek all necessary medical attention. I have noted any medical or other special consideration on the Holy Trinity Emergency Medical Treatment Form; if my son/daughter has had any serious illness, injury, or medical treatment over approximately the last 6 weeks of which Holy Trinity should be aware, I have provided the details on the lower part of this permission slip. Finally, I understand that my signature verifies that I am aware of and in agreement with any restriction or special instruction regarding this program.

Media Usage for Future Advertising

Release for Memorializing *

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Media release agreement *

Holy Trinity Youth Ministry program routinely promotes its events and ministry through various media. This includes, but is not limited to newsletters, brochures, posters, bulletins. The image of participants may be included. In addition, names of minors will never accompany any photos on any publication, website or other media. Please see release agreement below.

Signature of Parent/Guardian

Date