

# **St. John the Apostle Confirmation Preparation Program**

## ***Enrollment Information***

**Director of Youth Ministry**  
Veronica Litwinowicz, Email: [youthminister@sjavb.org](mailto:youthminister@sjavb.org)

**Administrative Assistant**  
Colleen Fickel, Email: [CFickel@sjavb.org](mailto:CFickel@sjavb.org)

Phone: 757-426-2180; Website: [sjavb.org](http://sjavb.org)  
Office Hours: Mon-Thurs 9:00-4:00pm; Fridays  
9:00-12:00pm; (closed for lunch 12-1pm)

**Registration Fee: \$50/Student**  
Register online with PayPal or credit card.

**June – September 30 only**

Register in office with cash or check payable to:  
***St. John the Apostle***

**Payment is expected at registration.**

Drop off forms/payment to the parish office or mail  
to SJA at 1968 Sandbridge Road, VA Beach, 23456.

**Confirmation preparation at SJA: All below dates are approximate and actual dates will be given at the Parent Meeting.**

- **End of September - Parent/Student information meeting**
- **October-February – Confirmation preparation** (Sessions on Sunday evenings.)
- **November - Confirmation retreat**
- **Spring - Confirmation Mass** (Date will be scheduled by the Diocese of Richmond)

**\*\*Please return an *Enrollment Form* for each student, SJAY Annual Event form, and payment (cash or check) to the Parish Office.**

**\*\*Full payment is expected at the time of registration. However, no one is turned away for not being able to pay tuition fees. If this is a concern, please contact Veronica Litwinowicz.**

**\*\*A new Baptismal record is required for those who have not been baptized or received First Communion here at St. John's. We must have this information for your son or daughter to receive the Sacrament of Confirmation at SJA. The "keepsake" certificate given to you on your child's baptism date will not suffice. Please see the SJA website at [sjavb.org](http://sjavb.org) under Education/Youth Ministry for details on why a Baptismal record is necessary.**

**Enrollment Form (1 form per student)**

**\*\*REQUIRED**

**Family **MUST** be registered in the Parish *before* enrolling in our Confirmation program.**  
**Parish registration forms can be found on our website at [sjavb.org](http://sjavb.org).**

**\*\*Family Last Name: \_\_\_\_\_ \*\*ID# (1-5 digit envelope #) \_\_\_\_\_**

**\*\*Head of Household: First \_\_\_\_\_ Last \_\_\_\_\_**

Spouse: First \_\_\_\_\_ Last \_\_\_\_\_

**\*\*Mailing Address:** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*Best Phone Number for Confirmation communication: \_\_\_\_\_**

**\*\*Best Email for Confirmation communication:**

**\*\*Full Baptismal Name of Student: (first, middle, last)**

**\*\*Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*\*School:** \_\_\_\_\_ **\*\*Grade:** \_\_\_\_\_

**Student must be in 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade OR at least 15 years of age.**

**\*\*Sacraments Received: Baptism at St. John's?** ☐ Yes ☐ No

**First Communion at St. John's?**      ☐ Yes      ☐ No

**If “No” to both, then an updated Baptismal record is needed.**

**For Office Use Only:**

**Online/Cash/check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Fee Approved: \_\_\_\_\_**

Parish ID# \_\_\_\_\_ Data Updated: \_\_\_\_\_ Processed by: \_\_\_\_\_

# Saint John the Apostle Catholic Church

## Parental / Guardian Consent Form and Liability Waiver

### Parish Information

**Parish** Saint John the Apostle Catholic Church  
1968 Sandbridge Rd  
Virginia Beach, VA 23456

**Type of Events** **ALL** Youth Ministry Activities

**Destination of Events** Saint John the Apostle Catholic Church and/or other venues determined by specific registration by participants (i.e. summer trips, vacation bible school, youth events, etc.)

**Individual(s) in Charge** SJA Youth Minister, Members of the SJAY Leadership, Parent Chaperones, ALL catechists and volunteers trained by Saint John the Apostle Catholic Church.

### FAMILY INFORMATION

**Parent First Names** \_\_\_\_\_  
(Father) (Mother)

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_  
(Father) (Mother)

**Cell Phone** \_\_\_\_\_  
(Father) (Mother)

### EMERGENCY CONTACT INFORMATION

**Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Relationship to Children** \_\_\_\_\_

### INSURANCE INFORMATION

**Insurance Company** \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Family Physician Name** \_\_\_\_\_

**Family Physician Phone** \_\_\_\_\_

**Saint John the Apostle Catholic Church**  
**Parental / Guardian Consent Form and Liability Waiver**

**CHILD INFORMATION**

**Child #1**

**Full Name:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child #2**

**Full Name:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child #3**

**Full Name:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Use of  
Pictures for  
Parish  
Ministry**

*I give my permission for pictures of my child(ren) [named above] engaged in Youth Ministry activities to have their pictures posted in Saint John the Apostle Catholic Church, Saint John the Apostle Catholic Church Publications or on the Saint John the Apostle Catholic Church website for ministry purposes. Names of participants **will not** be used without expressed permission from the parent or guardian.*

☐ YES ☐ NO

**CHILD MEDICAL INFORMATION**

First Name (include last if different)	Date of Birth	Gender	Medical Information (please give details below)		
			Allergies?	Medication?	Other Physical or Emotional Conditions
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

**PLEASE READ THIS STATEMENT BELOW AND SIGN IN THE SPACE PROVIDED:**

*I, [Parent/Guardian named above] grant permission for my child(ren) [named above] to participate in any Saint John the Apostle Catholic Church sponsored event(s) for which they are registered throughout the year. I understand that these events will take place under the guidance and direction of parish employees and/or volunteers from the parish [named above].*

*In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.*

*As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless Saint John the Apostle Catholic Church and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with this event, arising from or in connection with my child attending this event, **or including but not limited to accidents, emergencies, exposure to reckless conduct of persons.***

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_