

Corpus Christi Parish Community

REGISTRATION FOR CONFIRMATION PREPARATION 2015-2016

Name of Candidate				
Last	First	Middle	Nickname	
Gender	Grade in Sep '15	Date of Birth (mm-dd-yyyy)	High School Attending in 2015	Year in Confirmation
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th			____Year I ____Year II
Family Information				
Street Address		City	State	ZIP Code
Home Telephone		Email Address (Primary Contact for Confirmation Updates)		
Mother				
First Name	Maiden Name	Virtus trained? (yes or no)	Religion	
Cell Phone	Work Phone	Email Address		
Father				
First Name	Last Name	Virtus trained? (yes or no)	Religion	
Cell Phone	Work Phone	Email Address		
Medical Information				
Emergency Contact	Relationship	Telephone No.	Cell Phone	
Condition (chronic conditions or illnesses e.g. epilepsy, diabetes, food allergies)				
Regular Medication				
Special Instructions				
Sacrament/Religious Education Information				
Date of Baptism	Church of Baptism	City/ State	Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of 1st Communion	Church of 1st Communion	City/State		
Last Grade of Religious Education	Home Parish			
Other				
I, as a parent, will volunteer to: <input type="checkbox"/> Be a small group leader <input type="checkbox"/> Be a retreat leader <input type="checkbox"/> Chaperone a large group gathering <input type="checkbox"/> Sponsor a Speaker <input type="checkbox"/> Provide large group hospitality <input type="checkbox"/> Assist at the Confirmation Rite Mass (descriptions on attached page)		I grant Corpus Christi the right to photograph my dependent and use the photo for Corpus Christi publication purposes only. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fees				
<input type="checkbox"/> Year I \$130 <input type="checkbox"/> Year II \$160	<input type="checkbox"/> Two Children \$230 *Year II extra fee includes retreat, Rite gowns, individual and group photos.			
Parent/Guardian Signature				
Signature			Date	
Kiandra Scott Youth Minister/Confirmation Coordinator (310)454-1328 ext. 238 kiandra@corpuschristichurch.com				

VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
“2015–2016 Permission Slip”

TO: Parents of Confirmation Students

FROM: Corpus Christi Parish

SUBJECT: VIRTUS® *Touching Safety* Program for Children and Young People

DATE: 5/4/15

We are committed to your child’s safety and well-being. That is why learning how to prevent abuse is important that not only, we as adults must learn how to keep our children and young people safe, but that we also teach them to keep themselves safe.

As part of the Archdiocese’s efforts to protect all children, we must provide a VIRTUS® *Touching Safety* to our students. The Corpus Christi Confirmation Program will present this topic through a speaker and activities to teach our teens about safety and awareness in situations that arise in teen and young adult years. **We will present this year’s topic in November 2015** to our Confirmation students.

This program is provided by the Archdiocese of Los Angeles, and is part of our ongoing effort to help create and maintain a safe environment for children and youth to protect all children from sexual abuse. For more information on the *Touching Safety* program, you may visit the VIRTUS *Online*™ website at www.virtus.org.

If you have questions about the program, or would like additional information, please feel free to contact Kiandra Scott, Director of Youth Ministry at (310) 454-1328 extension 238.

Corpus Christi Parish Religious Education Program
Parent Permission Slip for the VIRTUS® *Touching Safety* Program
2013-2014

I understand that for my child to participate in the VIRTUS® “Touching Safety Program” I need to fill out and return this Parent Permission Form. I am allowing my child to participate in the Protecting God’s Children Teaching Touching Safety Program for the Confirmation teens in November 2015:

Child’s Name: _____.

Parent’s Name (printed): _____

Parent’s Signature: _____

Date: _____