

SAINT MAXIMILIAN KOLBE FAITH FORMATION
5801 Kanan Rd. Westlake Village, CA 91362 (818) 991-3915 X113

*We understand that by registering our teen(s) in Confirming Disciples, we are making a commitment to **support the parish** by means of **regular financial contributions** and by **volunteering our time to the parish**. We are also **committing to attend Mass regularly** and **participating as required** in the Confirming Disciples Process.*

Parent Signature _____ Date _____

2017-2018 CONFIRMING DISCIPLES REGISTRATION FORM - YEAR 2

Family Name: _____ Home Phone: _____ E-Mail _____

Address: _____ City: _____ Zip: _____

Father's Name _____ Cell #: _____ Religion: _____

Mother's First & *Maiden* Name: _____ Cell #: _____

Religion: _____

Is there anything we should know about special living arrangements, etc. _____

TEEN(S) REGISTERING (CONFIRMATION ONLY) Year 2	SEX m/f	DOB mo/day/yr	GRADE 2017-18	SCHOOL attending	LAST FAITH FORMS grade attended	SACRAMENTS RCVD. YES OR NO			
						BAP	REC	COMM	CONF

Church of Baptism: _____
Name City State

Date of Baptism: _____ Date of First Holy Communion _____

Church of First Holy Communion: _____
Name City State

PLEASE PROVIDE A COPY OF EACH CANDIDATE'S BAPTISM CERTIFICATE WITH THIS FORM

2017-2018 TUITION, CONFIRMATION YEAR 2

ONE TEEN- \$175.00 DUE @ TIME OF REGISTRATION
TWO TEENS- \$220.00 (PLUS \$40 SACRAMENT FEE)
THREE TEENS- \$305.00 (PLUS \$40 SACRAMENT FEE)

***AN ADDITIONAL RETREAT FEE WILL BE DUE @ TIME OF RETREAT.**

FOR OFFICE USE ONLY, PLEASE DO NOT FILL OUT.

TUITION PAID _____

DATE & CHECK _____

AMOUNT DUE _____

DATE & CHECK # _____

BAP CERT _____ PER SLIP _____

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH
5801 Kanan Road • Westlake Village, CA 91362 • (818) 991-3915 ext. 152
Amy Laliberte, Faith Formation Director amy@stmaxchurch.org

**FAITH FORMATION
PERMISSION SLIP / MEDICAL RELEASE FORM**

PARENT/GUARDIAN CONSENT FORM/WAIVER OF CLAIMS AND MEDICAL INFORMATION/AUTHORIZATION FOR PARTICIPATION IN EVENTS AND/OR ACTIVITIES SPONSORED BY ST. MAXIMILIAN KOLBE FAITH FORMATION AT ST. MAXIMILIAN KOLBE PARISH.

PRINT YOUTH'S LAST NAME, FIRST NAME

has my permission to participate in Faith Formation sponsored events and/or programs at St. Maximilian Kolbe Parish for the period from August 01, 2017 – August 31, 2018.

I agree to direct my son/daughter to cooperate and to conform to the directions and instructions of the St. Maximilian Kolbe (SMK) Faith Formation personnel and volunteers in charge of activities, and I understand that transportation for my daughter/son to Faith Formation sponsored events will be provided by the Participant's respective Parent/Guardian.

I also give permission for my son/daughter to be photographed at Faith Formation activities and possibly be posted on the St. Max's Web Site, parish bulletin or on posters at St. Max's.

I, the undersigned, hereby release St. Maximilian Kolbe, agents, representatives from all liability arising out of or in connection with all St. Maximilian Kolbe Faith Formation activities. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against St. Maximilian Kolbe, or that any other person or entity may have against St. Maximilian Kolbe because of death, personal injury, or illness, or because of any loss or damage to property that occurs during any activities and that results from any other cause other than negligence.

Should it be necessary for my son/daughter to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are active have limited application.

I have read and understand the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Participant's Address: _____ City: _____ Zip: _____

Participant's Home Phone #: _____ Participant's D.O.B.: _____

Parent/Legal Guardian Work Phone or Cell#: _____

Emergency Contact Person (other than parent): _____

Emergency Contact's # (home): _____ (work/cell): _____

Family Physician: _____ Phone #: _____

Medical Group Coverage: _____ Group/Member Number: _____

*** Please be aware of the following medical condition(s) for my son/daughter listed here:**

Does your child have allergies? Yes _____ No _____ If yes, please list _____