



St. Bernardine of Siena Youth Ministry

24410 Calvert Street, Woodland Hills, CA 91367

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CONFIRMATION YR 1 - REGISTRATION FORM

Youth's Name: _____ (_____)
First Middle Last Goes by/Nickname

Gender: ___ Male ___ Female Birthdate: ___/___/___ T-Shirt Size (Adult) _____

Home Address: _____
Street City State Zip Code

Home Phone# (if any): _____ Youth's Mobile Phone# (if any): _____

Youth's Email Address (if any): _____

Current School: _____ Grade: _____

Extra-curricular activities, sports, hobbies: _____

Musical Talents: _____

Father's/Guardian Info		Mother's/Guardian Info
	Name	
N/A	Mother's Maiden Name	
	Street Address	
	City, Sate, Zip	
	Home Phone #	
	Occupation	
	Employer	
	Work Phone #	
	Home Phone #	
	Mobile Phone #	
	Preferred Email Address	
	Religion	
	Place of Worship	
	Parish Ministries You Participate In	

EMERGENCY CONTACT: In the event that I (we) cannot be reached in an emergency, I (we) give permission to the following adults:

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Are you registered parishioners of St. Bernardine of Siena Parish? ___ Yes ___ No

Which of our weekend Masses do you usually attend as a family? _____

Check the liturgical ministry your youth will participate: ___ Usher ___ Altar Server ___ Choir ___ Cross Bearer

We (I) give permission for my child to be photographed and/or videotaped during Youth Ministry events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be utilized for the purpose of promoting the Youth Ministry at St. Bernardine's parish and or use memory keepsake. _____ Initials _____ Date

For Office use only: ___ Paid ___ Date ___ Check# ___ Cash