



# St. Bernardine of Siena Youth Ministry

24410 Calvert Street, Woodland Hills, CA 91367

Alejandra Gasser youthministry@stbernardine.org / (818) 710-1662

## CONFIRMATION YEAR TWO Re-Registration Form

Youth's Name: \_\_\_\_\_ (\_\_\_\_\_)  
First Middle Last Goes By /Nickname

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone # \_\_\_\_\_ Parent(s)' Cell Phone#s \_\_\_\_\_

Family/Parent Email address \_\_\_\_\_

Youth's Mobile Phone #: \_\_\_\_\_ Youth's Email Address (if any): \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Extra-curricular activities, sports, and hobbies: \_\_\_\_\_

Musical Talents: \_\_\_\_\_

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

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: \_\_\_\_\_

Confirmation Sponsor's Name \_\_\_\_\_

Confirmation Saint Name \_\_\_\_\_

Check the liturgical ministry your youth will participate in: \_\_\_ 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. \_\_\_ Initial \_\_\_ Date

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only: \_\_\_ Paid \_\_\_ Date \_\_\_ Check# \_\_\_ Cash