



St. Bernardine of Siena Youth Ministry

24410 Calvert Street, Woodland Hills, CA 91367

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CONFIRMATION 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: _____

Previous Schools: _____

Extra-curricular activities, sports, hobbies: _____

Musical Talents: _____

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

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 monthly: ___ Usher ___ Altar Server ___
Choir ___ Cross Bearer

For Office use only

___ Paid ___ Date ___ Check# ___ Cash