

*Corpus Christi Parish*  
**Confirmation Registration Checklist**  
**2022-23**

- ☐ **Completed Registration Form**
- ☐ **Copy of Baptismal Certificate** (if not baptized at Corpus Christi)
- ☐ **Copy of First Communion Certificate** (if not received at Corpus Christi)
- ☐ **Student and Youth Activity Permission and Release Form**
- ☐ **Medication Authorization and Permission Form** (optional)
- ☐ **Annual Registration Fee** (check only – payable to Corpus Christi Parish)
- ☐ **Signed VIRTUS® “*Empowering God’s Children*”  
Permission Slip**
- ☐ **Sponsor Form – DUE BEFORE:**  
October 16, 2022 – Year II candidates  
January 31, 2023 – Year I candidates

**RETURN COMPLETED REGISTRATION PACKET**  
**by August 1, 2022 to:**

Confirmation Coordinator  
Corpus Christi Parish  
880 Toyopa Drive  
Pacific Palisades, CA 90272

**Thank you!**

# Corpus Christi Parish

## REGISTRATION FOR CONFIRMATION FORMATION 2022-23

*For Office Use Only*  
 VIRTUS \_\_\_\_\_ Baptism \_\_\_\_\_  
 1st Communion \_\_\_\_\_ Sponsor \_\_\_\_\_  
 Check Amount \$ \_\_\_\_\_

Name of Candidate				
Last	First	Middle	Height (for Confirmation Gown) _____ ft. _____ in.	
Gender	Grade in 2022-23	High School Attending 2022-23	Date of Birth (mm-dd-yyyy)	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
Sacrament/Religious Education Information				
Date of Baptism	Church of Baptism (attach copy of certificate)		City/ State	Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of 1st Communion	Church of 1st Communion (attach copy of certificate)		City/State	
Last Grade of Religious Education	Home Parish		Teen's 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 - Please attach detailed note.				
Mother				
First Name	Maiden Name	Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If other parish, name of home parish:	
Cell Phone	Religion	Email Address (Primary Contact for Confirmation Updates? Yes/No)		
Father				
First Name	Last Name	Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If other parish, name of home parish:	
Cell Phone	Religion	Email Address (Primary Contact for Confirmation Updates? Yes/No)		
Family Information				
Street Address	City	State	ZIP Code	
Home Telephone	Mother VIRTUS* trained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father VIRTUS* trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				
I, as a parent, will volunteer to (check all that apply): <input type="checkbox"/> Be a small group facilitator <input type="checkbox"/> Assist at a retreat <input type="checkbox"/> Sponsor a Speaker <input type="checkbox"/> Assist at the Confirmation Rite Mass		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 (Make checks payable to: Corpus Christi Parish)				
<input type="checkbox"/> One Child Registration Fee \$160 <input type="checkbox"/> Additional Confirmation Fee per Year II child - \$50 each		<input type="checkbox"/> Two Children Registration Fee \$295 *Year II Confirmation Fee includes Rite Mass gown, professional photo, etc.		
Parent/Guardian Signature				
Signature			Date	
<b>Return Registration Packet, Check, &amp; Copy of Baptismal &amp; 1st Communion Certificates to:</b> <b>Confirmation Coordinator</b> <b>Corpus Christi Parish, 880 Toyopa Drive,</b> <b>Pacific Palisades, CA 90272</b> <b>310-454-1328</b>		*VIRTUS® Protecting God's Children <b>Adult Awareness Session</b> is a three-hour training that helps clergy, staff, volunteers and parents to understand the facts and myths about child sexual abuse and how caring adults can take five important steps to keep children safe. The parent session stresses monitoring of computers, cell phones and other technology that perpetrators use to gain access to young people. The Archdiocese of Los Angeles mandates this training for all adults working with minors.		

*\*Sign VIRTUS Safeguard the Children permission slip on the back side of this form\**

Rev. 5/2022

**VIRTUS “Empowering God’s Young People” ® Program**  
**2022-2023 Permission Slip**

**TO:** Parents/Guardians of Confirmation Students

**FROM:** Corpus Christi Confirmation Program

**SUBJECT:** VIRTUS® Safety Program: Empowering God’s Young People

We are committed to your child’s safety and well-being. Learning how to prevent abuse is important, not only for adults to keep children and young people safe, but also to teach our youth to protect themselves.

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

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 our students and to protect all our students from any type of abuse. For more information, visit the VIRTUS *Online*™ website at [www.virtus.org](http://www.virtus.org).

**If you have questions about the program, or would like additional information, please feel free to contact Jane Young, Director of Religious Education at (310) 454-1328 extension 226.**

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**Corpus Christi Parish Confirmation Program**  
**Parent Permission Slip for the VIRTUS® Safety Program**  
**2022-2023**

I understand that for my student to participate in the VIRTUS® Touching Safety Program I need to fill out and return this Parent Permission Form. I am allowing my student to participate in the Protecting God’s Children Youth Program:

Student’s Name: \_\_\_\_\_

Parent’s Name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Failure to return the signed permission slip implies consent for child to attend program)**

# STUDENT AND YOUTH ACTIVITY PERMISSION AND RELEASE FORM

## LOCATION:

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female Grade: \_\_\_\_\_

## ACTIVITY: Confirmation retreat, offsite.

Date(s) of Activity: \_\_\_\_\_ Teacher/Adult Leader: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: \_\_\_\_\_

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from any liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

**Release for Memorializing:** I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof via the parish website, flyers, social media, or any other Confirmation or Youth Ministry related resources. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

**Earthquake Disaster Information:** In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to a parent/guardian or those adults listed below:

1. _____	_____	_____	_____
Name	Address	City	Phone
2. _____	_____	_____	_____
Name	Address	City	Phone

I hereby give consent for these adults to take my son/daughter home if I am unable to do so. I have notified each of them regarding this permission.

Emergency out-of-state phone number to be used if local numbers cannot be reached:

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Release of Liability:** As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation, Corpus Christi Parish, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damages are caused by the active or passive negligence of the Archdiocese, Corpus Christi Parish, the Location or their agents, employees, volunteers or chaperones.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

(If possible please provide a copy of the insurance card)

# MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: Corpus Christi Parish Dates: \_\_\_\_\_

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event, or activity.

\_\_\_\_\_  
Last Name of minor, First Name Sex Birthdate

Name of Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Name of medication used by minor: \_\_\_\_\_

## A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Dosage prescribed Date/Time Schedule Dose Form (tablet/liquid)

Please notify this office if patient misses medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Medication may have adverse effects (explain) \_\_\_\_\_

\_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Licensed Physician Signature of Physician/Date signed

## B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:

I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose.

For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

## CORPUS CHRISTI CATHOLIC CHURCH

### Sponsor Information

Congratulations on being asked to be a Sponsor! By accepting this role, you are committing to play a significant role in this person's life. You will be asked to share your faith with this person and encourage them on his/her journey as a Catholic.

Please complete this form. **Once complete, return the form to the parents, or to the adult to be confirmed.**

Name of person to be Confirmed:

First Name

Middle

Last Name

Sponsor:

First Name

Middle

Last Name

Home Phone

Cell Phone

Email

I am a member of Corpus Christi Parish: ☐ Yes ☐ No

Please complete the following if you are **not** a member of Corpus Christi Parish:

Name of Catholic Parish

City

State

### Qualifications of a Confirmation Sponsor

In accord with Canon Law 874 and 893, please provide the following information. If you have a question, please call the Confirmation Coordinator at 310-454-1328. **If you do not meet all of these requirements, please let the parents or the adult to be confirmed know immediately.**

1. A Sponsor must be fully initiated into the Catholic Church. Please indicate whether you have received the three Sacraments of Initiation:

Baptism: ☐ Yes ☐ No      Confirmed in the Catholic Church: ☐ Yes ☐ No      First Communion/Eucharist: ☐ Yes ☐ No

2. A Sponsor must be at least 16 years old. Are you 16 or older? ☐ Yes ☐ No

3. A Sponsor cannot be the parent of the person to be confirmed. Are you the parent of this person? ☐ Yes ☐ No

4. A Sponsor must be in good standing with the Catholic Church.

- If married, he/she must be married in the Catholic Church and living in accord with Church teaching.
- If single, he/she must be living according to Church teaching.
- Catholics who were married by a Justice of the Peace, at another Christian church without special permission, and those cohabiting do not meet the requirements of this role.

Based on these guidelines, are you in good standing with the Church? ☐ Yes ☐ No

5. A Sponsor must be a practicing Catholic.

Do you regularly attend Mass on Sundays and Holy Days of Obligation and regularly receive the sacraments of Holy Communion and Reconciliation? ☐ Yes ☐ No

**I have truthfully answered the above questions and declare that I fulfill the Catholic Church's requirements of a Confirmation Sponsor. I commit to the responsibility of acting as a Sponsor.**

Sponsor Signature

Date