

SAINT MAXIMILIAN KOLBE CATHOLIC CHURCH

Faith Formation Program

5801 Kanan Rd. Westlake Village, CA 91362 • (818) 991-3915 • www.stmaxchurch.org



2022-2023 “CONFIRMATION” REGISTRATION

2022-2023 CONFIRMATION CLASSES

Sundays 12:30-2:00pm after 11:00am Youth Mass

or

Wednesdays 7:00 - 8:30pm

in the hall

YEAR 1 and YEAR 2

Registration submissions must include the following:

1. Completed and signed registration form
2. Tuition fee of **\$225 or \$ 340** as applicable, payable by
 - a. **Cash**
 - b. **Check** made out **to St. Maximilian Kolbe Catholic Church**
 - c. **Online** through Faith Direct by clicking on this link - <https://membership.faithdirect.net/CA586>
Directions for Faith Direct: go to above Faith Direct link, choose **Events** then **Register** and pick appropriate program and fee. Proof of online payment must accompany this packet.
3. Copy of Baptismal and First Communion Certificates for each student.
4. Please note: No incomplete packet will be accepted.

Mandatory Events:

1. Parent/Candidate Orientation
2. Bi-monthly classes
3. Attend one youth day event (1st Year)
4. Retreat (2nd Year)
5. Community Service (10 hours each year)

***YOUR CHILD MUST BE PICKED UP AT O'REILLY HALL BY A DESIGNATED ADULT.**

Archdiocesan regulations do not permit students to wait in the parking lot to be picked up.

Thank you for your cooperation.

Questions? Email: mheredia@stmaxchurch.org

The following **MUST** be attached:

✓ Yr. 1 FEE \$225 / Yr. 2 FEE \$340.00 or Faith Direct Receipt ✓ BAPTISM and FIRST COMMUNION CERTIFICATES

Please keep this page for your reference.

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STUDENT

Last Name First Name M/F DOB (mo/d/yr)

Grade School

Students Cell phone number Student E-mail address

Are there any medical conditions or allergies we should be aware of?

Does your student have any physical, mental, emotional, cognitive, or other limitations/restrictions we should know?

CONFIRMATION INFORMATION

A COPY OF YOUR STUDENT BAPTISM AND FIRST HOLY COMMUNION CERTIFICATE MUST ACCOMPANY THIS REGISTRATION.

Confirmation Yr 1 Yr 2

Saint's Name _____

Sponsor's Name _____ (MAY NOT be candidate's mother or father)

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FATHER/GUARDIAN INFORMATION

Last Name	First Name	Religion
Address	City/Zip	
Email	Cell Phone	Home Phone

MOTHER/GUARDIAN INFORMATION

Address same as above.

Last Name	Maiden Name	First Name	Religion
Address	City/Zip		
Email	Cell Phone	Home Phone	

We, the parents, understand that by registering our student for Confirmation, we are making a commitment to support St. Maximilian Kolbe parish through regular financial contributions and volunteering. We are also committing as a family to attend Mass each week and for our children to participate as required in this Confirmation program.

Parent/Legal Guardian Signature _____ Date _____

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2022-2023 "CONFIRMATION" REGISTRATION
MEDICAL RELEASE / PERMISSION FORM

STUDENTS FULL NAME _____

By signing this document, I give permission for my child to participate in Faith Formation sponsored events and programs at St. Maximilian Kolbe Parish, whether conducted onsite or online.

I agree to direct my child 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 child to Faith Formation sponsored events will be provided by the participant's respective Parent/Guardian.

I also give permission for my child to be photographed at Faith Formation activities and possibly be posted on the St. Max website/social media, parish bulletin, or on posters at St. Max for present or future use.

I, the undersigned, hereby release St. Maximilian Kolbe, agents and 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 child to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal Guardian) cannot be contacted, permission is hereby given to St. Maximilian Kolbe personnel and volunteers to render 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 all the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature _____ **Date** _____

EMERGENCY INFORMATION

Medical Insurance Carrier

Policy #

Group #

IF PARENT CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Last Name

First Name

Relationship to Student

Cell Phone

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2022-2023 "CONFIRMATION" REGISTRATION

"EMPOWERING GOD'S CHILDREN & YOUNG PEOPLE©" SAFETY PROGRAM

ARCHDIOCESE OF LOS ANGELES

"PERMISSION SLIP"

TO: Parents or Guardians

FROM: St. Maximilian Kolbe Faith Formation Office

SUBJECT: "Empowering God's Children & Young People©" Safety Program

DATE: July 1, 2022

The Office of Safeguard the Children for the Archdiocese of Los Angeles is once again providing the "Empowering God's Children & Young People©" Safety Program to all schools, Religious Education Programs and Youth Ministry. The program focuses on empowering children and young people with the knowledge, understanding and tools they need to keep themselves safe from abuse.

The third year of this program, "Internet Safety" will be presented to our students during the month of January. The lesson focuses on the importance of being safe and being aware of the dangers that can be encountered while on the internet. Each lesson includes video presentations, classroom discussions, individual and group activities, as well as a "Take Home Activity" for students to complete with a parent or guardian.

Also included is a lesson on Summer Safety to be presented at the end of each school year to remind our students to put "Safety First".

If you would like additional information regarding "Empowering God's Children & Young People©" Safety Program, or if you would like to review the materials/videos, please feel free to contact Maryann Heredia at mheredia@stmaxchurch.org or you may visit the Safeguard the Children website at www.archla.org/safeguard.

**ST. MAXIMILIAN KOLBE CATHOLIC CHURCH
PARENT PERMISSION SLIP FOR THE SAFETY PROGRAM**

I understand that this form must be completed and returned, in order for my child to participate in the "Empowering God's Children & Young People©" Safety Program class lesson. My signature below is authorization of my permission for my child's participation.

Childs Full Name: _____

Parent's Full Name: _____

Parent's Signature: _____ **Date:** _____