SAINT HEDWIG
CATHOLIC CHURCH

CONFIRMATION

REGISTRATION 2026 - 2027

SAINT HEDWIG CATHOLIC CHURCH

CONFIRMATION CHECKLIST

Registration

- ☐ Registration Form – Complete (Teen & Fam. Info. & Emergency)
- ☐ Copy of certificates: Birth, Baptism, & 1st Communion
- ☐ Sponsor Form - Complete
- ☐ Full Payment Due

Dates to Remember

- Registration Deadline: August 24, 2026
- Parent Orientation: August 30, 2026 @ 2:00 pm (Confirmation Calendar will be provided)
- First Sessions @ 3:30 pm in Quinn Hall:
  - Confirmation 1, Sept. 20th
  - Confirmation 2, Sept. 13th

Requirements

- Participation during sessions (classes)
- Participation during Mass
- Attendances, 2 absences.
- Attend Retreats (one per year)
- 20+ Service Hours (Faith, Church, & Community)
- Parent and/or Sponsor Volunteer Hours (i.e., serving together at our Church Festival)
- Pre-Confirmation Interview with Year 2 Candidates
- Safe Environment Training: In compliance with the Diocesan requirement for Child Protection education, a formation meeting will be dedicated to presenting topics relating to health and safety issues each year.

Please contact the Office of Faith Formation prior to the registration deadline if you are not able to submit payment in full and arrangements are not made before the deadline, late fees will be applied.

Preparation for Confirmation should aim at leading the Christian toward a more intimate union with Christ and a more lively familiarity with the Holy Spirit – his actions, his gifts, and his biddings – in order to be more capable of assuming the apostolic responsibilities of Christian life. To this end catechesis for Confirmation should strive to awaken a sense of belonging to the Church of Jesus Christ, the universal Church as well as the parish community. The latter bears special responsibility for the preparation of confirmands. CCC, 1309.

SAINT HEDWIG CATHOLIC CHURCH

Parish ID #
Fam. Name:

CONFIRMATION REGISTRATION 2026-2027

Please submit a copy of your teen's Birth, Baptism & 1st Communion Certificates

FAMILY INFORMATION — CONFIRMATION: ☐ YEAR 1 ☐ YEAR 2

Family Name _____ Home Phone _____

Address _____ City _____ State & Zip _____

Youth Information

T-shirt Size: (adult sizes): S M L XL XXL ☐ Male ☐ Female

Teen's Full Name _____ Date & Place of Birth _____

School (Sept. 2026) _____ Grade (Sept. 2026) _____

Sacraments Received

Baptism: ☐ Yes ☐ No

Date/Year _____ Church _____

1st Eucharist: ☐ Yes ☐ No

Date/Year _____ Church _____

Does this Teen have an IEP or 504 Plan? □ Yes □ No. If Yes, please advise if accommodations may be needed.

_____

PARENT/GUARDIAN INFORMATION ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

Father's Full Name _____ Cell Phone _____

Father's Email Address _____ Father's Religion _____

Address if different from above _____

Mother's Full Maiden Name _____ Cell Phone _____

Mother's Email Address _____ Mother's Religion _____

Address if different from above _____

- Teen resides with: ☐ Both Mother and Father ☐ Mother ☐Father ☐Other: _____
- Send E-Mail communications to: ☐ Both Mother and Father ☐ Mother ☐ Father
- List any special family concerns or custody issues: _____

SAINT HEDWIG CATHOLIC CHURCH

EMERGENCY & RELEASE FORM FOR CONFIRMATION
FORMATION MEETINGS AND YOUTH EVENTS 2026-2027

TEEN INFORMATION ☐ Male ☐ Female

Teen's Full Name _____ Date & Place of Birth _____

Does this teen take any medications? □ Yes □ No. If yes, please list below.

Does this teen have any type of allergies or Asthma? □ Yes □ No. If yes, please list below.

Emergency Information

Family Physician _____ Phone _____

Health Insurance Co. _____ Policy No. _____

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following persons to be notified by phone. They are authorized to act in my absence, and they will be notified that their names have been used on this form. **(Please do not list parent or guardian below; it must be someone nearby who can be reached quickly.)**

Name / Nombre _____ Relationship _____ Telephone _____

Name / Nombre _____ Relationship _____ Telephone _____

Activity Permission, Emergency and Release for Confirmation Preparation

THE FOLLOWING PERMISSION AND RELEASE PERTAIN TO MINORS PARTICIPATING IN THE ABOVE MENTIONED ACTIVITY/EVENT.

I, the parent/guardian of the above named teen hereby give my permission for his/her participation in the above named activities. I agree to direct my teen, to cooperate and conform with directions and instructions of St. Hedwig parish or diocesan personnel responsible for these activities.

As a condition of my teen being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive of any of the entities, individuals named or described above.

I agree that in the event my teen is/are injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my teen which would render it inappropriate for him/ her to participate in any activity.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This consent will remain active August 2026 through August 2027.

Print Name _____ Parent Signature _____ Date _____

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CONFIRMATION
FEE SCHEDULE 2026-2027

FAMILY NAME_____

CONFIRMATION			
Fee Type	**Number Enrolling**	**Cost**	**Total**
Confirmation Year One Registration & Retreat		$350	
Confirmation Year Two Registration & Retreat		$450	
		TOTAL:	

Make checks payable to St. Hedwig Church

Refunds & Cancellations:
Once confirmation preparation begins, all fees are **non-refundable**. Cancellations made prior to this start date are eligible for a refund, minus a **$50** processing fee.

I understand that I am responsible for the total amount due listed above and will pay this amount at the time of registration. If needed, I will contact the Office of Faith Formation for special payment arrangements prior to August 24, 2026.

Print Name _____ Signature _____ Date _____

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CATHOLIC CHURCH

OFFICE USE ONLY

PAYMENT INFORMATION:			
Date	Pymt. Amt.	Acct. Bal.	Receipt No. / Notes

Notes: