



**St. Leo the Great Catholic Church**  
**601 W. Agua Caliente Rd., Sonoma, CA. 95476**  
**Phone (707) 996-8422 Fax (707) 996-3984**  
**office@stleosonoma.org**



## Confirmation Registration, 9<sup>th</sup> – 12<sup>th</sup> Grade only

The information provided below is considered **CONFIDENTIAL** and is used only for communication purposes by parish staff.

### CANDIDATE INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell \_\_\_\_\_ Text's, Ok? Yes  No  Email \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
city and state  
 School \_\_\_\_\_ Grade for 2024-2025 \_\_\_\_\_  
 Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
name, city and state  
 Please check here if you would like to discuss any special needs the candidate might have.

### PARENT / GUARDIAN INFORMATION

**Fathers' Name** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Religion \_\_\_\_\_  
 Registered in our parish? \_\_\_\_\_ Parish you belong to? \_\_\_\_\_  
**Mothers' Name** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Religion \_\_\_\_\_  
 Registered in our parish? \_\_\_\_\_ Parish you belong to? \_\_\_\_\_

Attending the weekly classes is part of the Confirmation program. Candidates must provide an accurate and current cell phone number to receive text messages for meeting updates and have access to a computer for virtual meeting (if needed).

High School Youth Group is open to all students attending 9<sup>th</sup> – 12<sup>th</sup> grade, not just a sacramental preparation class.

Contact Nancy Gibson with questions at, (707)291-1916 or email; [stleosym@gmail.com](mailto:stleosym@gmail.com)

Parent Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



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Candidate Name \_\_\_\_\_

**EMERGENCY INFORMATION AND RELEASE**

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

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**PHOTOGRAPH AND VIDEO CONSENT**

From time to time, we take pictures and videos of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the parish website. To do this, we need both the candidate and parent's consent. We will not use the last names of any individual whose photos or videos are posted. If there are any concerns about pictures or videos posted on the website, please contact the youth ministry coordinator, and they will promptly be removed.

I/We, the parent(s) of this youth \_\_\_\_\_ (name), authorize and give full consent, without limitation or reservation, to St. Leo the Great Catholic Church, to publish any photographs or videos in which the above named youth appears while participating in any program with St. Leo's Catholic Church Ministry. There will be no compensation for use of any photograph at the time of publication or in the future.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE INFORMATION**

- Baptismal Certificate     Recited Mandatory Prayers

Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_

- Sacraments received: Baptism, First Communion, First Reconciliation

Payment Received \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Date \_\_\_\_\_

Payment Received \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Date \_\_\_\_\_

**FAMILIES OF OTHER PARISHES:** *If you wish to confirm your child at St. Leo's and are not registered, you must bring a permission form from your parish stating that you have obtained permission to confirm your child at St. Leo's. Please attach a consent letter to this form.*