

**Mission Basilica Youth Ministry and Confirmation**

**31520 Camino Capistrano, San Juan Capistrano, CA 92675**

**Confirmation 2025/2026 Registration Packet**

*Please Return Completed Forms to the Youth Ministry Office*

**What year of the Confirmation process are you registering for?**

[ ] Year 1 [ ] Year 2

**Is your family registered and active at Mission Basilica Parish?**

[ ] Yes Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish ID #:\_\_\_\_\_\_\_\_\_\_

[ ] No If you are **not** registered or **not sure** of your Parish registration status, please call the Parish Center Office to verify or register at (949) 234-1361.

**Teen’s Information** *Please do not leave any lines blank. Write “N/A” or cross out line if field does not apply.*

Teen’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Teen’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen’s Cell Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Carrier (Verizon, AT&T, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen’s E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in the Fall of 2025 (circle one): 9th 10th 11th 12th

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the teen have any special physical or learning disabilities? [ ] No [ ] Yes- if yes, please explain… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to drugs or foods: [ ] No [ ] Yes- if yes, please explain…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions/medications etc.: [ ] No [ ] Yes- if yes, please explain…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: [ ] Baptism [ ] First Communion

 ***\*Please provide a copy of both Sacramental Certificates—must be included with your registration\****

**Mother’s Information***Please do not leave any lines blank. Write “N/A” or cross out line if field does not apply.*

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: [ ] Roman Catholic [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Primary Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Mobile [ ] Home [ ] Work

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Information** *Please do not leave any lines blank. Write “N/A” or cross out line if field does not apply.*

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: [ ] Roman Catholic [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Primary Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Mobile [ ] Home [ ] Work

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name of an adult emergency contact (**other** than a parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Volunteer**

*Faith formation is always better when it’s done as a family! We would love for you to share your talents, time or treasure with us. If you can commit to one of the following roles below please check that area. For more information, please call us at (949) 234-1329.*

 [ ] **Confirmation Catechist:** Commit to teaching 10 Confirmation classes between October and May.

 [ ] **Chaperone:** Volunteer to chaperone for at least one overnight retreat or offsite event.

 [ ] **Prayer Team**: Commit to praying for monthly prayer intentions for youth ministry.

 [ ] **Core Member**: Volunteer at weekly youth nights and events during the school year.

 [ ] **Hospitality Team:** Volunteer to prepare and serve meals for at least one youth night or event.

 [ ] **Snack Donations:** Donate snacks for 8-12 teens, at least once per year.

 [ ] **Scholarship Donations**: Donations made payable to “Mission Basilica”; Memo- “Youth Ministry”

 [ ] Confirmation Donation [ ] Retreat Fee [ ] Youth Ministry Donation [ ] Other \_\_\_\_\_