



**Holy Rosary**  
**Senior Confirmation**  
**Registration Packet**  
**2017 – 2018**

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## **SENIOR CONFIRMATION REQUIREMENTS 2017-2018**

The Sacrament of Confirmation is usually a 2 year process. Candidates are accepted beginning the 9<sup>th</sup> grade thru 11<sup>th</sup> grade. We understand some are not able to complete the program in these years. We have created a Senior Confirmation Intensive program that allows you to complete your confirmation in one year. Below are the expectations the teens are expected to complete for the year.

### **Confirmation Sessions**

- Attend all Classes.
- Classes take place on Tuesdays.
- Miss a class – Make-up is Mandatory.
- Give at least 24 hour notice to your teacher if you need to miss a class.

### **Regular Mass Attendance**

- Attend mass every Sunday/Sat Vigil Mass for entirety of program participation.
- Get Mass Passport signed by a Priest, Staff member or Confirmation teacher after mass every mass.
- Participate in Sacrament of Reconciliation often-especially prior to receiving the sacrament of Confirmation.
- **Blessing of Candidates Mandatory Mass- September 17<sup>th</sup>, 1:45p Spanish Mass or 5:30p English Mass**

### **Youth Points**

- A minimum of 6 points are required for each candidate.
- A track sheet will be given to track points they acquire.
- All points must be acquired by April 2018.
- **Mandatory Confirmation Kick-Off Event: Saturday September 9<sup>th</sup> 8:30a-2:30p**

### **Service**

- Expected to complete 10 service hours
- Service hours must fall in one of the three categories listed below.
  - (A) Family service–Service should be done together as a family for the service of others.
  - (B) Community–Must involve community outreach to the poor or afflicted.
  - (C) Church–Help volunteer in any of the events the church puts on throughout the year.
- All Candidates will receive a Service Hour Sheet to be completed and signed.
- Must be completed by April 2018

### **Confirmation Retreat:**

- All candidates are expected to attend two cabin retreats during the year. The mandatory dates are below.
  - **Cabin Retreat November 3-4<sup>th</sup>, 2017 (Cabin Retreat) or Pan de Vida Feb 9-11, 2018 (Pan de Vida)**
  - **Cabin Retreat March 16-18<sup>th</sup>, 2018 (Cabin Retreat) (MANDATORY)**

**Parent Involvement:** Parents are the primary educators of their children. In light of this, parents are expected to journey with the teens through the Confirmation Program. There are workshops to attend as well as a retreat for parents/teens. Please refer to Calendar for dates below.

- **November 9<sup>th</sup>, 2017 @ 7p (Eng. in Church) / @ 7:30p (Span. In Dom. Hall)**
- **January 18<sup>th</sup>, 2018 @ 7p (Eng. in Church) / @ 7:30p (Span. In Dom. Hall)**
- **February 3<sup>rd</sup>, 2018 @ 8am-12p (Eng. Dom Hall) / @ 1p-5p (Span. In Dom. Hall)**

**Sponsor:** Each Confirmation Candidate is expected to choose a sponsor. A sponsor is someone chosen by the candidate to spiritually walk with the candidate during and after their preparation for the sacrament. Please reference the Sponsor Form for Guidelines on who does and does not qualify to be a sponsor.

**Confirmation Saint Name:** All candidates are asked to choose a "Saint Name" that they will take during the sacrament of Confirmation. This saint should be someone that the candidates wish to emulate.

**Reconciliation Service:** There will be a mandatory reconciliation service for all candidates in order to prepare to receive the sacrament of confirmation. The date is to be determined.

**Interview:** Candidates will have to do an entrance interview as a family. As well as an exit 45min-1 hour interview by themselves to discuss their Confirmation journey.

### **Costs**

There is a \$110 registration fee for one teen, \$200 for two teens, or \$280 for three teens. These fees cover the costs of program materials throughout the year and are due upon registration. There will also be additional retreat fees.



\* To be eligible for the Confirmation Program candidate and their families must be active parishioners of Holy Rosary Parish or a Holy Rosary or CCD Graduate.

Date of Registration: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### Confirmation Registration Form

Legal Name _____	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address _____	<i>Number &amp; Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Candidate Cell: _____			
Candidate Email Address (WRITE CLEARLY): _____			
School: _____		Grade: _____	
Birthdate: _____		Place of Birth _____	
Sacraments Received (Church/City/Date):			
Baptism: _____	<i>Church</i>	<i>City/State</i>	<i>Date</i>
First Communion: _____	<i>Church</i>	<i>City/State</i>	<i>Date</i>
Male ___ Female ___ T-Shirt Size (Adult Sizes): _____			

Father's Name \_\_\_\_\_  
*Last First Middle*

Contact Info \_\_\_\_\_  
*Home Father's Cell Father's E-mail (WRITE CLEARLY)*

Mother's Name \_\_\_\_\_  
*Last First Middle*

Contact Info \_\_\_\_\_  
*Home Mother's Cell Mother's E-mail (WRITE CLEARLY)*

Please Check:	Registered Holy Rosary Parishioner:	___ Yes ___ No
	Holy Rosary School Alum:	___ Yes ___ No
	Holy Rosary Religious Education Alum:	Yes No

**Make checks payable to Holy Rosary (add Confirmation to Memo Area)**  
**PAYMENT IS DUE AT TIME OF REGISTRATION.**

If you are in need of financial help you will need to set-up an appointment to see Director of Confirmation in order to register.

**For Office Use ONLY:**

Baptism Verification _____	Confirmation Fee: _____
Emergency Form _____	Retreat Fee: _____



### Emergency Care Information 2017 - 2018

CANDIDATE NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
CELL PHONE: _____	WORK PHONE: _____ OTHER: _____
PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
CELL PHONE: _____	WORK PHONE: _____ OTHER: _____
HOME ADDRESS: _____	CITY & ZIP _____
HOME PHONE: _____	CANDIDATE CELL NUMBER _____
EMAIL: _____	

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency or if parent/guardian cannot be reached (must list at least two):

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

#### CONSENT FOR TREATMENT

(I)(We), the undersigned parent(s) or legal guardian(s) of the above name child(ren), a minor, do hereby authorize a representative of **Holy Rosary Youth and Young Adult Ministry** as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until **June 30, 2018** unless sooner revoked in writing and delivered to the above-mentioned agent(s).

**I understand the parish does not assume responsibility for payment of a physician in any case. However, in an emergency, the parish may choose a physician? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan # \_\_\_\_\_ Group \_\_\_\_\_

Does your child have a **medical problem**? \_\_\_\_\_ Nature of medical problem? \_\_\_\_\_

Does your child have a **disability**? \_\_\_\_\_ Nature of disability? \_\_\_\_\_

Does your child have a **food allergy**? \_\_\_\_\_ Nature of food allergy \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**Parental Permission and Acknowledgement of  
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **Holy Rosary Confirmation Program**, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury to my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche, or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in **Holy Rosary Confirmation Program**, use the equipment provided and to enter the premises or facilities of the diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the content of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**MODEL RELEASE STATEMENT**

I hereby grant permission for my child to be photographed and/or videotaped during Youth and Young Adult activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting The Youth and Young Adult Ministry at Holy Rosary Church. Websites include Facebook, Twitter, Instagram, Youth and Young Adult Ministry Website and blog, and/or the Parish website and bulletin.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby decline to grant permission for my child to be photographed and/or videotaped during Youth and Young Adult Ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Youth and Young Adult coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**INFORMATION RELEASE STATEMENT**

By signing here, I am giving Holy Rosary office staff permission to give my child’s contact information to any/all teachers/tutors or other office staff involved in the faith formation ministry upon request. This permission can be revoked at any time by me with written notice.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**The Information below is Confidential**

Name of Child \_\_\_\_\_ Nickname: \_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional sensitivities, or any other reason?

Special Need(s), if any \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list: \_\_\_\_\_

In case of emergency:

Name and relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Below is for Office use only**

**Input Date:** \_\_\_\_\_ **Input by:** \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Teens Please Complete.

Please check off ministries you're interested in.

**Liturgy/Mass:**

Altar Server \_\_\_ Lector \_\_\_ Usher \_\_\_ Choir \_\_\_ Greeter \_\_\_ Student Band \_\_\_

**Faith Formation and Fellowship:**

Bible Study \_\_\_ Retreats \_\_\_ Vacation Bible School Assistants \_\_\_ Mass Child Care Assistants \_\_\_

Edge Core \_\_\_ Teacher Assistant \_\_\_ LifeTeen \_\_\_ Jovenes \_\_\_

**Social Justice:**

Community Clean-up \_\_\_ Soup Kitchen \_\_\_ Food Drives \_\_\_ Child Care & Projects \_\_\_

Elder Care & Projects \_\_\_ Mobile Mall \_\_\_ Community Garden \_\_\_

Teen Name: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email (Print Clearly): \_\_\_\_\_



**Candidate Name:** \_\_\_\_\_ **Teacher Name:** \_\_\_\_\_

## DONATION FORM

Some families of our youth are unable to afford religious education or fees for events that will enable them to experience Christ through our program. If you have been blessed financially by God and wish to donate a scholarship for one of our youth please fill out the form below. All donations are tax deductible. Make your check out to Holy Rosary Religious Education and write "Confirmation Scholarship Fund". Thank you for your generous gift!

YOUR NAME \_\_\_\_\_  
                                  First                                  Middle                                  Last

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### **Please apply this scholarship to:**

- Name: \_\_\_\_\_
- Anyone who is in need
- Registration Fees
- Retreats, Events or Other \_\_\_\_\_

Amount Donating \$\_\_\_\_\_

- Kept Confidential/Anonymous