Confirmation I Teen/Parent Agreement

TEEN COMMITMENT

	agree to the following	ig in order to participate in the St. Michael
Student's Name (Print)		Confirmation Program:
Please initial each statemen		
I will arrive on time and	d come with an open mind and heart. I	will stay for the entire gathering.
I will be respectful of a	ll staff, leaders, and my peers.	
I will follow directions	and willingly participate in discussions a	and activities.
I will not come to the g	atherings under the influence of alcoho	ol or drugs. Nor will I bring any drugs, illegal
substances, contraband, we	apons, cigarettes, or pornography to th	e gatherings.
I will not threaten anyo	one, act violently or inappropriately or u	ise profane language.
I will place my cell pho	ne in the receptacle provided by my lea	der during the duration of the gatherings.
Out of respect for other	ers and myself, I will dress modestly.	
I will attend Mass on th	ne Second Sunday of each month – 11ai	m Eng, or 12:30pm Sp.
I will complete all at ho	ome assignments per yearly calendar an	d turn them in on time.
I will complete 20 hour	rs of community service per year.	
I will attend the end-of	-year assessment to discuss readiness t	o continue or receive the sacrament.
	π rected of me in the youth and/or Conf	
		y my confirmation date so as to make sure that I
		due to illness or emergency, you may make up
		nister/DRE to make arrangements to do so.
		my parents / guardians will be contacted and
asked to pick me up immed	_	,, , , ,
		s / guardians, youth ministry leader and I meet
——— to discuss my future particip		, ,
PARENT COMMITMENT		
	, agree to	the following conditions for our son/daughter,
Parent's Name (Print)		to participate in the St.
	itudent's Name	Michael Confirmation Program:
Please initial each stateme		
	terms with my teen. I understand what	
	the primary educator of my child and w	vill do my best to support the spiritual well-being
of my child.		
I will attend Mass ever	y Sunday and Holy Days of Obligation (p	per the Precepts of the Church) with my teen.
I will pray for my teens	and the other teens in the youth and/o	or Confirmation program.
I will get my teen to the	e gatherings on time and pick them up t	from the gatherings on time.
I will attend all parent/	teen sessions and celebrations with my	teen.
I will pick my child up it	f called to do so immediately and agree	to meet with the Youth Minister.
I understand that if my	y teen misses more than two sessions, t	heir confirmation may be delayed so as to make
sure they are adequately pr	epared to receive the sacrament. Note:	If your teen misses a class due to illness or
		ent. You must notify the Youth Minister/DRE to
make arrangements to do s		
•	rements of the program and what is exp	pected of my teen and I.
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Student's Signature	Parent's Signature	Date Signed: