

First Year High School
Confirmation Registration

BEGIN: Wednesday July 5, 2017

END: Monday August 21, 2017 by 4:00pm

**No registrations will be accepted after
August 21, 2017!**

**Upon completion of the registration packet, ALL
packets must be turned into the Faith Formation
Office, fully completed.**

**(faith formation office is located at the St. Michael
school 345 church st)**

**The Church Rectory WILL NOT ACCEPT
ANY APPLICATIONS!**

Confirmation Registration Check List

Please make sure all boxes are checked off and completed before returning to the faith formation office
Registration will NOT be accepted until all are fully completed. Thank You!

- I have Read, understood and kept in a safe place Pages 1-4 of this Registration Packet.
- I have marked my calendar for **Monday September 11, 2017 in the Church 7:00pm Mandatory First Year Parent Meeting.**
- I have fully Completed Pages 6-10
- I have attached a copy of my teens Birth Certificate, Baptism Certificate AND first communion certificate.
- I have a check or cash ready to turn in for the registration payment.
 - Check made payable to St. Michael Church
 - Payment options: *You may choose to do either of these options.*
 - All up front- single payment at registration for the amount of \$300.
 - By years- 2 payments: \$150 each year (1st: at registration, 2nd: fall 2018)
 - By semesters- 4 payments: \$75 per semester (1st: at registration, 2nd: Spring 2018, 3rd: Fall 2018, 4th: Spring 2019)
- I have subscribed to the Flock note mailing list. *Flocknote is our parish's email/texting system. It is the way you will receive timely updates and information about our High School Confirmation. **This is not an option. This is mandatory.***
 - How to Subscribe:
 - If you are not already subscribed to St. Michael's Flocknote network, please visit www.flocknote.com/sml make an account and proceed to the next step. Or text MIRACLE to 84576 and follow the registration steps.
 - Then within the St. Michael's Flocknote network at www.flocknote.com/sml, subscribe to High School Confirmation First Year.
- ✠ *Page 5 is an optional page. If you are financially blessed, please consider donating and helping out another teen through the program. Thank you!*

CONTACT INFORMATION

Faith Formation Office
345 Church St, Livermore Ca. 94550
Office Phone: (925) 667-4096
Email: faith@stmichaellivermore.com

MASS AND LIFETEEN

ALL HIGH SCHOOL TEENS ARE WELCOME TO JOIN OUR YOUTH GROUP!!
Sundays 6:00pm mass in the Church
Followed by Lifeteen in the Convent from 7:00-9:00pm
Dinner is provided.



June 28, 2017

Dear Parents,

The Confirmation program will be open to all 9th, 10th, and 11th grade students and is broken into four sessions over a two year period. The first session will be in the Fall/Winter 2017, the second session is in the Spring of 2018; the third session is in the Fall/Winter of 2018, and the fourth session will be in the Spring of 2019. The Sacrament of Confirmation will be during the Easter Season of 2019.

Every confirmation teen is required to keep track and complete all required components of the confirmation program during the next two years in order to receive the Sacrament of Confirmation in 2019. See back page for all requirements.

The students will attend class every other week as noted on the calendar that you will receive at the end of registration. They can pick a Monday evening or a Sunday afternoon class option. This year we are handling the registration process a little differently. Each candidate will sign up for the day of the week they prefer. **Parents will be required to attend a meeting prior to the first class**, where the parents will discover our new Confirmation program. This year we will be implementing the program called "CHOSEN." CHOSEN will provide everything teens need to prepare both intellectually and spiritually to receive the Sacrament of Confirmation and to become lifelong Disciples of Christ. All too often we see teens drift away from the Church after Confirmation. CHOSEN seeks to reverse this trend by winning over the hearts of teens at a critical time in their lives and keeping them firmly planted within the faith community of the Church. The faith formation office is very excited about this new program and we believe that it will be more beneficial and engaging for our Candidates. **Our goal is to set the teens on fire for their faith and we strongly believe this new program will help accomplish this goal.**

Please complete the enclosed registration forms. Upon completion, return the registration packet to the Faith Formation Office. Registration packets will not be accepted unless all forms are fully completed, all certificates and payments are attach. Each teen will need to provide a copy of their Birth Certificate, Baptismal and First Eucharist certificates.

There is a cost of \$300 TOTAL for the two years of Confirmation. To make this easier on everyone, we have three ways in which you may make this payment. See Below:

- All up front- single payment at registration for the amount of \$300.
- By years- 2 payments: \$150 each year (1st: at registration, 2nd: Fall 2018)
- By Semesters- 4 payments of \$75 per semester (1st: At time of registration, 2nd: January 2018- 3rd: August 2018 (first day of class in the second year), 4th: January 2019 (first day of class in the second year)

These payments do not include the overnight retreat fees, event/trip fees, Picture fees. Please make checks payable to **"St. Michael Church"**.

If you have any questions, please do not hesitate to contact the faith formation office either by phone or by e-mail. **We look forward to meeting all of you at our parent meeting on Monday September 11, 2017 in the Church 7:00pm MARK YOUR CALENDARS.** We look forward to the privilege of sharing the faith with you in the coming years. Please see the second page for requirements from the Diocese.

Auspice Maria,

The Faith Formation Office
925-667-4096 faith@stmichaellivermore.com

St Michael Parish, Livermore, CA

Confirmation Requirements

REQUIRED COMPONENTS OF CONFIRMATION PROGRAM: As per the Diocesan document outlining Requirements for the Sacrament of Confirmation, the following requirements must be met in order to have your child confirmed at St. Michael Parish:

- ***Weekly*** attendance at Sunday Mass is expected.
- **72 or more hours of formal catechesis. 90% attendance** at Confirmation Sessions – *1 excused absence permitted per year.*
- **Service hours** - 20 hours earned of unpaid service to your *Church, city community, etc.* These hours must be documented, signed and turned in prior to confirmation 2019.
- **Attend all Reconciliation Services-** one per year. First Year in the Fall/Winter. Second Year in the Spring.
- **Saint Research Project and presentation** –*This is a research and presentation project. Each teen will choose to a saint to research and present. This saint will become their patron saint and confirmation name. More details to follow. Project due September 2018.*
- **Retreat experience**– *every confirmation teen must attend a weekend overnight retreat. This retreat takes place in the second year. More details to follow.*
- **Confirmation Interview** with Youth Minister and/or Pastor. More details to follow.
- **Confirmation Rehearsal**— usually the day before confirmation day. Date to be announced in second year. Sponsor and Teen must attend.
- **Confirmation Liturgy-** Date to be announced in second year. Sponsor and Teen must attend.
- **Encouraged to attend an extra activity/event-** OnFire Nor Cal Jam at six flags in September 2017, Walk For Life January 2018, Camp or Conference with Lifeteen Youth Group Summer 2018. Join the Lifeteen youth group on Sunday evenings. Ask for more details about any of these events. Throughout the year there are other events. Teens will be informed as the year goes by.
- **Confirmation Sponsor Forms due December 17, 2017 by 2:00pm to the youth minister.** See below for requirements when choosing a sponsor. If you are unable to choose a sponsor, contact the youth minister. *A letter from sponsors parish stating they are eligible to be a sponsor is necessary when turning in the sponsor form.*

CHOOSING A SPONSOR – ONLY ONE SPONSOR PER TEEN

- ❖ ***Must be*** a fully initiated Roman Catholic, having received Baptism, Confirmation and First Eucharist and, if married, married in the Roman Catholic Church.
- ❖ ***Must be*** a Catholic who practices his/her faith within a Catholic faith community.
- ❖ ***A letter from sponsors parish stating they are eligible to be a sponsor is necessary when turning in the sponsor form.***
- ❖ Must be at least 16 years of age.
- ❖ Must be living a life in harmony with the Catholic faith.
- ❖ Must intentionally desire to support the candidate through prayer, active support and being an example of faith.
- ❖ If married, must be married in the Catholic Church
- ❖ Parents are not allowed to be sponsors.

St. Michael Parish Confirmation Ministry

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. Make your check out to "St. Michael Parish" and write "Confirmation Scholarship Fund" in the memo line. 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 (First and Last): _____
- Anyone who is in need
- Registration Fees
- Retreats, Events or Other: _____

Amount Donating \$ _____

- Kept Confidential/Anonymous
- Posted on our Confirmation Ministry Website as a generous donor and supporter.

Saint Michael Confirmation Registration Form: Confirmation 2019

Participant Information:

Participant's Name: _____
First Middle Last

Home Address _____
(primary mailing address) City Zip

Home Phone: _____ Teens Cell Phone: _____ Gender: _____

Teens E-mail Address: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Grade entering Sept. 2017: _____ School: _____

Teens T-shirt Size (check one): Small Medium Large Extra Large XXL

Parent/Guardian Information:

Father's Name: _____
First Middle Last

Father's Work Phone: _____ Father's Cell Phone: _____

Birth Father's Name *(if different from above)*: _____
First Middle Last

Mother's Name: _____
First Middle Last

Mother's Maiden Last Name (name before marriage): _____ (for confirmation records)

Mother's Work Phone: _____ Mother's Cell Phone: _____

Marital Status of Parents: _____

Parent's/Family E-mail Address: _____

Are you registered at St. Michael Catholic Church? Yes / No If No, Name of Church: _____

Emergency Contact Information:

Person other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency:

Name: _____ Relationship _____ Phone _____
First Last

Sacramental Information:

Baptism: _____
Church Name City State Zip Code

_____ *Date Received*

Need Baptism?
(Check Box If Needed)

First Eucharist: _____
Church Name City State Zip Code

_____ *Date Received*

Need First Eucharist?
(Check Box If Needed)

A copy of Birth Certificate, Baptismal Certificate & First Eucharist Certificates must accompany all registration forms including teens who have received sacraments at St. Michaels. Forms will not be processed until certificates are received.

Session Day:

Every teen is required to attend confirmation sessions every other week. They can sign up for either a Tuesday evening session or a Sunday afternoon session. Please check the box of the session your teen would like to attend.

Monday: 6:00-8:00 pm Youth Portable

Sunday: 2:00-4:00pm Room 23

Confirmation Tuition: \$300 for a full two years

- Please make check payable to: **St. Michael Church**
- Cash or check accepted. No credit cards.
- These fees do not include the overnight retreat fees, event/trip fees, and confirmation picture fees.
- Please check the option in which you would like to pay:
 - All up front- single payment at registration for the amount of \$300.
 - By years- 2 payments: \$150 each year (1st: at registration, 2nd: fall 2018)
 - By semesters- 4 payments: \$75 per semester (1st: at registration, 2nd: Spring 2018, 3rd: Fall 2018, 4th: Spring 2019)

<u>For Office Use Only:</u> Date Received: _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____ Receipt #: _____

<u>For Office Use Only:</u> Date Received: _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____

<u>For Office Use Only:</u> Date Received: _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____

<u>For Office Use Only:</u> Date Received: _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____

<u>For Office Use Only</u> <i>Forms Completed and Turned in:</i> <input type="checkbox"/> Service Hours (20 hours total) <input type="checkbox"/> Sponsor Form <input type="checkbox"/> Saint Project & Presentation: _____ <input type="checkbox"/> Interview: _____

<u>For Office Use Only: Attendance:</u> <input type="checkbox"/> Fall 2017: _____ <input type="checkbox"/> Reconciliation: _____ <input type="checkbox"/> Spring 2018: _____ <input type="checkbox"/> Fall 2018: _____ <input type="checkbox"/> Spring 2019: _____ <input type="checkbox"/> Reconciliation: _____ <input type="checkbox"/> Retreat: _____

<u>For Office Use Only:</u> Others: _____ _____ _____ _____

Registration Date (for office use only): _____

Health and Medical Information

Family Physician: _____ Phone _____

Physician Address: _____
City State Zip

Medical Plan: _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your youth in an emergency, as considered necessary by the attending physician? YES NO

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

State any reasons why you do not want medical care given to your youth in an emergency: _____

List all conditions (such as allergies, seizures) for which your youth requires ongoing medication and state the type and frequency of medication given? _____

Has your youth had difficulty with the following: (please check all that apply)

- Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears
 Nose Throat Lungs Digestion Other: _____

List any physical restrictions for any activity on the basis of medication condition: _____

Allergy or reaction to any medications? NO YES, List: _____

Date of your youth's last physical examination: _____

I certify that the above information is accurate and will notify the confirmation/youth ministry office of any changes that occur after the date below

*- I **GRANT / DECLINE** (circle one) permission for my child(ren) named on these forms to be photographed and/or videotaped during confirmation/youth ministry activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Michael Parish.*

*- This authorization shall remain effective from **July 5, 2017 until June 30, 2019**, unless sooner revoked in writing and delivered to the confirmation/youth ministry office.*

(Signature of parent or guardian) Date: _____

Parental Permission for Participation in Program

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in St. Michael Parish Confirmation Ministry, 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/Confirmation 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 **St. Michael Parish Confirmation & Youth Ministry**, use the equipment provided and to enter the premises or facilities of the diocese of Oakland 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 therefore 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 the above Agreements and understand everything written above.

Date

(Signature of Parent or Guardian)

