



Saint Christopher Parish
20141 Detroit Road
Rocky River, OH 44116
440-331-4255

Religious Education Office
440-331-6226
stchrisreo@yahoo.com

July 27, 2017

Dear Confirmation Families,

Welcome to St. Christopher Parish Confirmation Program. We are happy to have you with us during this important year in your child's life. There are some major improvements in our program which should make your lives as a parent of a teen a bit more manageable. Confirmation candidates (9th graders and above) are asked to attend ONE monthly Confirmation meeting on Sunday from 12:30-3:00 starting September 10th through April 15th (see enclosed calendar) AND ONE Youth Group Meeting of your choice the remainder of the month on Sunday evening from 6:30-8:00. (see enclosed calendar) We will continue to include a Confirmation Retreat and Service Saturday as a vital part of the Program.

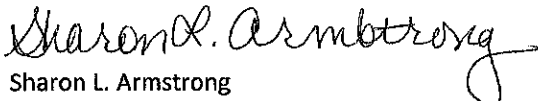
Our initial meeting will be on Sunday, September 10th, but will take on a different format. Each family will be asked to sign up for one fifteen minute Conference with a member of our Confirmation Team. We are able to accommodate 9 families per time slot. You will need to attend a Conference in order to receive your student's textbook, YouCat, and Confirmation Packet. Please complete the enclosed form, e-mail, or call the Religious Education Office to sign up for your family's Conference. You only need to stay for your 15 minute appointment. At least one parent must attend with the Confirmation Candidate. We are hoping that this personalized touch will help both parents AND students understand the meaning of Confirmation and the guidelines for the new Program.

In October we will continue our monthly Confirmation meetings from 12:30-3:00. These meetings are designed to have both classroom instruction as well as a large group component. We are excited to be using Mathew Kelly's "Decision Point" as our text this year. The book is teen friendly and inviting. We hope that you pick it up and look at the format and content. The parents will be teaching 2 of the chapters and the sponsors will be teaching 1 of the chapters to the candidates this year. This will enable you to work with you students and start a dialogue about our Faith. There will be more information on this component in the packet you receive on September 10th.

Our Team has been working ALL Summer to present a program that will engage and excite our young people to learn about their Faith. We are confident that our Confirmation Program will meet the goals of igniting the Spirit within us.

Please read over this mailing completely. We request that any student seeking Confirmation on April 17, 2018 be registered by August 15th. We need to ensure that we have enough Catechists and materials to accommodate the number of students. We are excited to move forward with your family during this important time in your child's faith formation. Please call me if you have any questions.

Yours in Christ,


Sharon L. Armstrong

Director of Religious Education/Youth Minister

sarmstrong@stchrisparish.com

Confirmation Program Calendar 2017-2018

Confirmation Meetings 12:30-3:00

Youth Group Meetings 6:30-8:00

September 10	Conference	September 17	Kick Off
October 1		September 24	
November 5		October 8	
December 3		October 15	
January 7		October 22	
February 4		October 29	
March 4		November 12	
April 15	Reconciliation (12:30-2:00)	November 19	
	Rehearsal w/ Sponsors (2:00-3:00)	December 10	
April 17	CONFIRMATION	December 17	
December 2	Service Saturday		
February 24	Retreat		

Choose 1 Youth Group Meeting per month to attend, for a total of 7 meetings from September to April. If you need to double up meetings to get your 7 meetings in by April that's ok. This gives you flexibility if you are in a sport for a couple of months or need to concentrate on your studies at certain times of the year. We will have a sign in sheet at each Youth Group meeting. Be sure to sign in every time you attend AND stay the entire meeting to get credit for attending. We will have the topics for each Youth Group meeting for the 1st semester included in the packet you will receive Sept 10th. The second semester Youth Group meeting topics will be handed out at our last meeting in December. Please contact Sharon Armstrong in the Religious Education Office at 440 331-6226 X402 or e-mail sarmstrong@stchrisparish.com.

Confirmation Conference Sign Up

September 10, 2017

Candidate's Name _____

Parents Names _____

Parent's E-Mail Address _____

Request Conference time for:

1st choice _____

2nd choice _____

If we are not able to accommodate either of your choices, we will contact you by e-mail.

We will confirm your conference time by September 3rd.

Please return this form AND your Confirmation registration by August 15th. We will assign appointment times on a first come first served basis. We will have 7-9 Confirmation Team members available for each time slot. If you have already completed a registration packet, please return via the Sunday collection basket, Rectory porch mail slot, or e-mail the Religious Education Office with ALL above information included. See (below) for appointment times.

Available time slots to choose from:

12:30-12:45

12:45-1:00

1:00-1:15

1:15-1:30

1:30-1:45

1:45-2:00

2:00-2:15

2:15-2:30

2:30-2:45

2:45-3:00

Confirmation Registration Form 2017/2018
Please return to the REO no later than July 1, 2017

Please print. Complete the **entire** form legibly, as all information is needed for church records, and to send record of your Confirmation to your church of baptism (if not St. Christopher).

Please attach a copy of your baptismal certificate if you were not baptized at St. Christopher Church.

Name of Student _____
No Nicknames First Middle Last

Complete Address _____

Student Phone _____ Student Email _____

Parent Telephone _____ Parent Email _____

Student Date of Birth _____ City/State of Birth _____
Month Day Year

Date of Baptism _____ Church of Baptism _____

Church of Baptism Address _____
Street Address City State Zip

High School Attending _____

Extra-curriculars and sports I am participating in _____

Emergency Contact Phone _____ Relationship to Student _____

Father's Name _____
First Middle Last

Mother's Name _____
First *MAIDEN* Last

Confirmation tuition is \$100.00 and due with registration.
Make check payable to St. Christopher Church. Return to the Parish Office.
Thank you!

Office Use Only:

Amount Paid _____ Date Paid _____ Check/Cash _____ Bapt. Info. Ver. _____

Emergency Medical Authorization 2017-2018

Purpose: To enable parents/guardians to authorize emergency treatment for children who become ill or injured while under the authority of the St. Christopher Parish Confirmation program when parents/guardians cannot be reached.

Part I OR Part II MUST be completed and returned to the Religious Education Office with Registration.

Part I (To grant consent)

Student Name: _____ Age: _____

In the event reasonable attempts to contact me at _____ (phone) or other parent/guardian at _____ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred doctor/phone) or Dr. _____ (preferred dentist/phone) or in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any reasonably accessible hospital.

This authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. **If none, please write, "none known at this time."**

Date	Parent/Guardian Signature	Address
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Please list the name(s), the relationship and phone number(s) of person(s) we might call in case of an emergency or sickness and you are not home.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

DO NOT complete this part if you completed Part I.

Part II (Refusal to consent)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment required, I wish the church authorities to take no action or to:

Confirmation Form 2017-2018
St. Christopher Parish
PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my (our) minor child(ren) do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my(our) daughter(s)/sons(s) during his/her enrollment at Saint Christopher Parish Confirmation Program by an employee, agent or representative of Saint Christopher Parish Confirmation Program or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives and prints shall constitute the property of Saint Christopher Parish Confirmation Program and may be used by Saint Christopher Parish Confirmation Program for any purpose determined at its discretion without further notice or any compensation to me or to my daughter/son.

Candidate's Name (print)

Parent Signature

Date

.....

Please sign below if you **do not grant permission** for your child(ren)'s picture to be taken or used by Saint Christopher Parish Confirmation Program.

**** Only sign below if you **do not give permission** for the student photos.****

Parent Signature

Date



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Confirmation Sponsor Form 2017-2018

Dear Candidate: To be selected as a sponsor by a confirmation candidate is a great privilege. Sponsors share the faith and offer support to the candidate as they prepare to receive this sacrament.

Canonical guidelines for choosing a sponsor are on the reverse side of this form. However, generally your sponsor should be someone who you already have an on-going, personal relationship with...someone you will be able to be in regular contact with as you prepare for the sacrament...someone who lives the Catholic faith well including regular Mass attendance, service to others and demonstrates a lively prayer life.

Candidate/Student: Please complete the information below about your sponsor. Detach and return to St. Christopher REO by **January 7th, 2018.**

*****Detach Here*****

Candidate's Name _____

Sponsor Name _____

Relationship to Confirmation Candidate _____

Sponsor Address _____

Sponsor Email _____

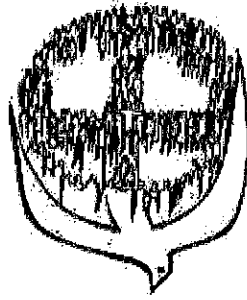
Church of Baptism/City _____

Church of Confirmation/City _____

Member of St. Christopher: Yes _____ **No** _____

Confirmation Sponsor Requirements

- 1. Be at least 16 years of age.**
- 2. Have received the Sacrament of Initiation (Baptism, Confirmation, Eucharist).**
- 3. Be willing to support and guide the candidate to be a disciple of Christ.**
- 4. Know the candidate and be willing to serve as a long-lasting model of faith.**
- 5. Present the candidate to the bishop during the Confirmation Mass.**
- 6. Parents cannot be sponsors for their children.**
- 7. The first choice for a sponsor would be one of the candidate's godparents to emphasize the connection between baptism and confirmation.**
- 8. Sponsors must be canonically free to carry out this office.**
- 9. If the sponsor is a high school or college student, he/she must be an active member of the Church and meet the same requirements listed here.**
- 10. Sponsors do not have to be the same sex as the candidate.**



CONFIRMATION SAINT NAME PROJECT – Due Sunday January 7, 2018

Candidates will select a Saint Confirmation name and complete a 1 page reflection on their chosen saint. **The Saint Confirmation name chosen is the name by which the candidates will be presented to the Bishop at Confirmation.**

The church prefers that you choose your baptismal name. This honors the unique relationship between the Sacraments of Baptism and Confirmation. To be your Confirmation name, however, it must be the name of a canonized saint (i.e. while Tiffany is a beautiful name, it cannot be a Confirmation name).

The saint you choose should be of a saint you admire who will be your model and spiritual companion for the rest of your life. Choose one of the attributes you admire (i.e. courage in the face of difficulty, possessing a rich prayer life, etc.) not because it sounds good with your name. You can choose a name of a saint not your gender (i.e. Susan can choose St. Michael as her saint).

Choosing a saint is a prayerful process. Ask your sponsor to help you. Here are several helpful tips:

- Begin by finding what saints share your first or middle name. Read the stories of these saints and see if their lives hold special meaning for you.
- Think about your interests. Look up the saints who are the patrons of organizations, careers, vocations (for example musicians may consider St. Cecelia).
- Research the saint whose feast day is your birthday or other important day.
- Talk to your sponsor about their choice of saint. Ask why they chose them when they prepared for Confirmation. Perhaps they have suggestions for you.

PLEASE ATTACH THIS FORM TO THE FRONT OF YOUR SAINT REPORT

Your catechist will evaluate your saint project according to the guidelines/checklist. After you complete your project, complete this cover sheet and attach it to the front. Ask you parents to read your project and sign off on it before you turn it in!

Candidate please complete

NAME OF CANDIDATE: _____

CONFIRMATION SAINT
NAME CHOSEN: _____

This is how your name will appear on your Confirmation Certificate.

My saint is patron of: _____

BRIEFLY DESCRIBE HOW THIS SAINT INSPIRES YOU TO BECOME A BETTER CATHOLIC

.....

Parents please complete:

My son's/daughter's Confirmation Saint Name Project is complete and appropriate.

Signature of Parents: _____

.....

Catechist/DRE Approval

Report is Complete _____ Incomplete & returned to do over _____

Signature of Catechist: _____