

## 2020-2021 Confirmation Requirements

- A copy of the Sacramental (Baptismal and First Communion) Records are to be submitted upon registration. Deadline to turn in \_\_\_\_\_.
  - **Participation in Sunday Mass and Holy days of obligation. (Sign in using Q Reader) Preferably on Sunday at 6:00PM.**
  - Complete 2 (two) year program beginning in the 9th grade and ending in the 10th grade.
  - Attend retreat.
  - Complete 40 (forty) hours of Community Service during the 2 year program; composed of:
    - 20 hours of Ministry Serviced- related to the church or CCD services; such as altar serving, lecturing, Vacation Bible School, Middle School Youth, Hospitality teams or anything ministry related. Students are strongly encouraged to participate in Christmas pageant, also volunteer to work in booths for Oktoberfest and Ethnic fest and any fundraisers for Youth Ministry, Toys For Tots. These hours will be applicable for confirmation.
    - 20 hours of Apostolate- service to the poor, elderly, or pro-life Advocacy. The hours must be done by a recognized non-profit third party entity, such as Timon's Ministries, Catholic Charities, the Ark, or the CC Food bank etc. Hurricane Harvey Victims.
  - Students are required to attend all classes.
  - Students are only allowed 3 (Three) excused or unexcused absences. By the 3rd time of absence, he or she is required to set an appointment with DRE or Youth Minister, for a conference.
  - Confirmation candidates are required to study and select a saint after whom they would like to pattern their lives. This will be their patron saint and the name by which the Bishop will call them at the Confirmation Mass. The Candidate will be **required to present a saint report** to the class and possibly to the Bishop. Candidate must have enough knowledge to answer any questions asked about their saint.
  - Candidate will need only 1 (one) sponsor. The sponsor will be involved in the student formation and attend some classes during first and second year of formation.
- Sponsor should be chosen by registration. And Sponsor form turned in by \_\_\_\_\_**
- The sponsor should be:
- Appointed by the candidate for Confirmation.
  - Not be less than 16 years of age. Be a practicing Catholic, who has been confirmed and lives a life of Faith.
  - Not bound by any canonical penalty, legitimately imposed or declared.
  - Not to be parent of the student being confirmed.
- (Based on Canon Law 892, 893, and 874)

### Notes-

- There is a **zero tolerance** cell phone policy, all cell phones will be collected at the beginning of class.
- During Social Time Hospitality, teams will be assigned this year and teams will be responsible for set up, clean up, food preparation and serving, and assisting the Core team. This year we are asking for more parental involvement and are asking parents to join a hospitality team night and help where needed. Also, prepare food and serve the youth for the evening.
- Parents will be asked to attend 2-3 meetings as needed as needed for Confirmation.

Parent signature \_\_\_\_\_ Student signature \_\_\_\_\_



Diocese of Corpus Christi/ Office of Youth Ministry

Parish/School: ST.PAUL the Apostle Confirmation 1 & 2

**October 2020- May 2021**

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND  
MEDICAL CONSENT**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

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

Parent(s)/Guardian(s) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish or Catholic School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**PARTICIPATION CONSENT, LIABILITY WAIVER & PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) \_\_\_\_\_, grant  
permission for my child, (participant's name) \_\_\_\_\_, to participate in

**Confirmation 1 & 2** to be held **October, 2020,- May 2021**

**At St. Paul the Apostle Parish Hall . Corpus Christi, Texas 78418**

I agree on behalf of myself, my child's other parent if known or living (name of parent) \_\_\_\_\_  
\_\_\_\_\_, my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the  
Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, other agents, etc.) or any  
representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for  
injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the  
negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

**As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this  
event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web  
page, calendars, power point, video, etc.) in highlighting the event.**

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Participant 18 years of age or older must sign own consent)**

\_\_\_\_\_  
**Date**

I would like to minister as a Core Team Member \_\_\_\_\_

I would like to minister by helping to set up on Sundays afternoon. \_\_\_\_\_

I would like to sponsor a High school Teen \$15 \_\_\_\_\_ \$25 \_\_\_\_\_ \$35 \_\_\_\_\_ other \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

**MEDICAL CONSENT**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications:**

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**Medical Conditions Information**

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has had an episode of the following or has been diagnosed:  Seizures  Asthma  Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? \_\_\_\_\_

The following physical limitations? \_\_\_\_\_

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should also be aware of these special medical conditions of my child: \_\_\_\_\_

**Insurance Information**

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier:

Name of Insured:

Insurance Policy Number:

Father's Name:

Day Phone:

Mother's Name:

Day Phone:

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
Date

# Confirmation Saint Report

- Write a brief biographical summary of your Saint's life and canonization. Where and when was he/she born? What were the most significant events in his/her life that led to conversion and sainthood? What miracles are associated with your Saint after his/her death?
- When is your Saint's feast day? What is he/she the patron saint of? How does this relate to you? What do people pray to this saint for help with?
- Why did you choose this saint? How do you feel the Holy Spirit has led you to this choice? What attributes does your saint have that you would like to imitate in your life? How would this saint fit in modern times?

Report should be handwritten and may be turned in to present to the class.

Saint Report Due \_\_\_\_\_ .