

**Saint Catherine of Bologna
YOUTH MINISTRY**

112 Erskine Road, Ringwood, NJ 07456
www.scobp.org Antioch@stcatherineofbologna.org

2017-2018
2nd YEAR CONFIRMATION
REGISTRATION PACKET



Student's First & Last Name:

Registration: _____

Permission Form: _____

Student Essay: _____

Sponsor Form: _____

Covenant: _____

Payment: _____ Cash _____ Check _____ # _____

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2nd YEAR CONFIRMATION REGISTRATION 2017-2018

Student Full Name: _____

Address: _____

Name to be taken at time of Confirmation:

(A different name is not necessary, but if taken must be a saint's name)

Sponsors name:

Relation to student:

Birthday: _____

Grade: _____ High School: _____

Parent Information

Home Phone Number: _____

E-mail Address: _____

Mother's Name: _____ Cell Phone Number: _____

Father's Name: _____ Cell Phone Number: _____

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2017-2018 Youth Ministry Permission Form

I hereby give my teen, _____, permission to participate in all Youth Ministry activities, trips and programs, (which includes the Confirmation Program, Antioch Retreats, etc.) sponsored by St. Catherine of Bologna Parish for the programming year beginning August 1, 2017 through July 31, 2018.

Parent/Guardian Signature: _____ Date: _____

Medical/Emergency Information and Release

In the event that my child becomes ill, is injured, or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

Parent/Guardian Signature: _____ Date: _____

If a parent cannot be reached, please contact the emergency person listed below:

Contact: _____ Telephone #: _____

Relationship to Participant: _____

My child wears **Contact Lenses**: Yes: _____ No: _____

My child's **Last Tetanus shot**: _____

Please list any allergies to Medication your child has: _____ None

Please list any medication that your child takes on a REGULAR basis: _____ None

Is there any other health/physical information we should know about you child (ex: Asthma):

Family Physician's Name: _____ Office Tel #: _____

Medical Insurance Company Name: _____

It is essential that we be made aware of any educational or physical special needs that your teen may have. Please list any information that would be helpful below. **This information will be kept confidential.**

There are times your teen's likeness may be used on a bulletin board, on our website or in some other way to advertise our Confirmation Program. Please sign below to indicate your permission to do so. Your signature will waive your right to future compensation for the use of such images or any claim for invasion of privacy with regard to St. Catherine of Bologna Parish in advertising and promotional materials for the time from August 1, 2017 to July 31, 2018.

(Parent Signature)

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Students Name: _____

Name of Sponsor: _____

(Sponsor must be a practicing confirmed Catholic, **at least 16 years** of age and not one of your parents. Proof of Confirmation required from the Church they were confirmed in)

Sponsor's Church: _____

Street Address

City State Zip

Please write a short essay (about 3 paragraphs in length) on why you have chosen this person to be your sponsor, please use this page or attach your essay to registration.

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Confirmation Name Request Form

Candidate's Full Name _____

Confirmation Name _____

Must be a Catholic Saint

Feast Day _____

Where was he/she born? _____

What year were they born? _____ What year did they die? _____

How did they die? _____

What virtues and spiritual gifts were they known for? _____

Why are you choosing this name? _____

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Please have your sponsor fill out this form and return it to the parish office.

Candidate's name: _____

Sponsor's name: _____

Relation to Candidate: _____

Sponsor's Church: _____

Sponsor's Statement of Faith

I, _____, hereby state that I am:

1. A baptized and confirmed Catholic
2. A registered and active member of my parish community
3. A strong believer in Jesus Christ and the teachings of the Catholic Church

I testify that the above statements are true.

Sponsor's Signature _____

Date _____

Sponsor's Parish Certificate

I verify that this is an active member of our parish, and to the best of my knowledge, is capable of assuming the duties and responsibilities of a sponsor.

Pastor's Signature _____

Date _____

Parish Seal

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CONFIRMATION COVENANT 2017-2018

We understand the requirements of the second year of Confirmation Program at St. Catherine of Bologna Parish are as follows:

- Attendance at weekly Mass and Holy Days of Obligation. We agree that the student will sign his/her name on the Mass attendance sign-in sheets or bring a signed bulletin from the parish where Mass was attended.
- Attendance at Antioch meetings about twice per month and all other required events.
- Attendance at Antioch retreat.
- Completion of 20 hours of community service.

When illness or emergency makes attendance at any of the above impossible, we agree to e-mail the Youth Ministry office.

It is a diocesan requirement that during the second year of Confirmation the candidate requesting the sacrament must attend at least one day retreat. We will have a date shortly so you can mark your calendars. If the Confirmation student is unable to attend the retreat, they must attend another parish's Confirmation 2 retreat. Coming to the retreat late or leaving at any point is not permitted.

(Student signature)

(Parent signature)

PROGRAM FEE FOR 2ND YEAR IS \$175.00.

There will be an addition retreat fee approximately \$100.

Registrations must be handed in to the parish office by July 19, 2017

***** OFFICE USE ONLY *****

Date registration received:

Check number/Cash:

Amount:

Balance:

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2nd YEAR CONFIRMATION FORMATION **2017-2018**

- **Second year time commitment**
 - September – April
- **2nd year Confirmation/ Antioch**
 - Sunday evenings: 6:00-7:30PM
 - Usually twice a month
- **Mass attendance**
 - Weekly
 - Holy Days
 - When attending mass at St. Catherine of Bologna, the Confirmation student must sign in on the sheets provided at the rear of the church.
 - If traveling, a bulletin is required with the teenager's name date and time of mass, as well as signature from priest or deacon who celebrated the mass.
 - Sign in is required the first weekend of class.
- **Habit of Service**
 - 20 hours of service is required
 - At least 10 of the 20 hours must be church related
 - Service hours can begin once teenager is registered.
- **Exit Interview**
 - For all Confirmation 2 students
 - A few weeks prior to Confirmation date.
 - 20 minutes interview between Confirmation student and priest to insure student's readiness to receive the sacrament.
- **Retreats**
 - One or two days retreat.