

**Saint Catherine of Bologna  
YOUTH MINISTRY**

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



**2019-2020**  
**1<sup>st</sup> YEAR-GRADE 9<sup>th</sup>**  
**CONFIRMATION**  
**REGISTRATION PACKET**

**Student's First & Last Name:**

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**(Please Print)**

Registration: \_\_\_\_\_

Permission Form: \_\_\_\_\_

Student Essay: \_\_\_\_\_

Covenant: \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_

Date of registration \_\_\_\_\_

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**1<sup>ST</sup> YEAR CONFIRMATION REGISTRATION 2019-2020**

**Please PRINT all information**

Student full name: \_\_\_\_\_

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

\_\_\_\_\_

Birth Date: \_\_\_\_\_ Place (Town, State) \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place (Church) \_\_\_\_\_

Church Address: \_\_\_\_\_

Date of 1<sup>st</sup> Reconciliation: \_\_\_\_\_ Place (Church) \_\_\_\_\_

Church Address: \_\_\_\_\_

Date of 1<sup>st</sup> Communion : \_\_\_\_\_ Place (Church) \_\_\_\_\_

Church Address: \_\_\_\_\_

Grade in Sept. 2019: \_\_\_\_\_ High School: \_\_\_\_\_

Grade completed in the CCD program: \_\_\_\_\_

Catholic school attended: \_\_\_\_\_ Grade completed in Catholic School: \_\_\_\_\_

Parent information

Home Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**PROGRAM FEE FOR 1<sup>ST</sup> YEAR IS \$250**

**Retreat fee included**

Registrations must be handed in to the parish office by August 20, 2019.  
After September 1, 2019 late fee of \$50.00 will apply.

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**2019-2020 Youth Ministry Permission Form**

**Please PRINT all information**

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 Program Year beginning August 1, 2019 through July 31, 2020.

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, allergies to food):

\_\_\_\_\_

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, 2019 to July 31, 2020.

\_\_\_\_\_  
**(Parent Name Print)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**



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**CONFIRMATION COVENANT 2019-2020**

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

- Attendance at weekly Sunday 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 Confirmation 1 classes, about twice per month, and all other required events.
- Attendance at First Year Retreat.
- Completion of 20 hours of community service. At least 10 of the 20 hours must be church related.
- If a student misses 2 or more classes and/or 2 or more Masses a meeting with the parent(s) and the student will be requested.
- If the student's behavior during the class and/or during the Mass will be inappropriate and/or concerning, after two (2) warnings to the student, the meeting with the parents will be requested.
- At the beginning and/or the end of the first year of the program, the meeting with the student, parent(s), pastor and confirmation coordinator will be schedule to discuss the student's progress and/or the program requirements.
- Every student needs to complete 240 credits during 2 years of the program, which includes: 10 credits for every class attended (class incudes Sunday Mass). This program is designed for 2 years. If the student does not complete 240 credits during 2 years and needs more time to complete the credits, he/she can stay in the program until 240 credits are completed.

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

\_\_\_\_\_  
(Student PRINT)

\_\_\_\_\_  
(Parent PRINT)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

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## **CONFIRMATION FORMATION 2019-2020**

- 2 year time commitment
  - September – April
- 1<sup>st</sup> year Confirmation
  - Sunday evenings: 5:00-6:30PM (includes 6pm Mass)
  - Usually twice a month
  - Class room setting
- 2<sup>nd</sup> year Confirmation/ Antioch
  - Sunday evenings: 6:00-7:30PM (includes 6pm Mass)
  - Usually twice a month
  - Large group gatherings
- Mass attendance
  - Weekly Sunday Mass
  - Holy Days of Obligation
  - Sunday 6:00pm Mass is a part of the program.
  - 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 who celebrated the Mass or participating deacon.
- Habit of Service
  - 20 hours minimum for **each** of the 2 years.
  - At least 10 of the 20 hours must be church related.
  - Service hours can begin once teenager is registered.
- Exit Interview
  - For all Confirmation 1 & 2 students: at the beginning and/or before the end of each year of the program, every student, accompanied by his/her parent(s) will be required to meet with the priest and program coordinator to discuss the progress.
- Retreats
  - **First year: One day retreat.**
  - **Second year: One day retreat.**