

**Saint Catherine of Bologna
YOUTH MINISTRY**

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

2019-2020
2nd YEAR-GRADE 10th
CONFIRMATION
REGISTRATION PACKET



Student's First & Last Name:

_____ (PRINT)

Registration: _____

Permission Form: _____

Student Essay: _____

Sponsor Form: _____

Covenant: _____

Payment: _____ Cash _____ Check # _____

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2nd YEAR CONFIRMATION REGISTRATION 2019-2020
Please PRINT All Information

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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2019-2020 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 September 1, 2019 through May1, 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, etc.):

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 September 1, 2019 to May 1, 2020.

(Parent Signature)

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Student's Name: _____

Name of Sponsor: _____

(Sponsor must be a practicing confirmed Catholic, **at least 16 years** of age and not your parent.
Proof of Confirmation required from the Church he/she was confirmed)

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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2nd YEAR CONFIRMATION REGISTRATION 2019-2020

Confirmation Name Request Form

Candidate's Full Name _____

Confirmation Name _____

Must be a Catholic Saint

Feast Day _____

Where was he/she born? _____

What year was he/she born? _____ What year did he/she die?

How did he/she die?

What virtues and spiritual gifts was he/she 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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2nd YEAR CONFIRMATION REGISTRATION 2019-2020

CONFIRMATION COVENANT 2019-2020

We understand the requirements of the second year of 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 Antioch meetings usually twice per month and all other required events.
- Attendance at Antioch 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 scheduled.
- 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 students, the meeting with the parents will be requested.
- At the beginning of the program as well as a few weeks prior to the Confirmation date, an interview with the student, parent(s), priest and coordinator will be scheduled to discuss the student's progress and ensure student's readiness to receive the Sacrament.
- Every student needs to complete 120 credits during this year of the program, which includes: 10 points for every class attended (class includes Sunday Mass). If the student does not complete 120 credits during this year and needs more time to complete the credits, he/she can stay in the program until 120 credits are completed.

When illness or emergency makes attendance at any of the above impossible, the parent agrees to email the Confirmation Coordinator.

It is a diocesan requirement that during the second year of Confirmation the candidate requesting the sacrament must attend one day retreat. If the Confirmation student is unable to attend the retreat, they must attend another parish's Confirmation 2nd year retreat. The parents are responsible for locating and registering their teen to a Confirmation 2nd year retreat in another parish. Coming to the retreat late or leaving at any point is not permitted.

(Student signature)

(Parent signature)

PROGRAM FEE FOR 2ND YEAR IS \$250.00.

Retreat fee is 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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2nd YEAR CONFIRMATION FORMATION 2019-2020

- **Second year time commitment**
 - September – April
- **2nd year Confirmation/ Antioch**
 - Sunday evenings: 6:00-7:30PM (including 6pm Mass)
 - Usually twice a month
 - Large group gatherings
- **Mass attendance**
 - Weekly Sunday Mass
 - Holy Days of Obligation
 - 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 from 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.

- An interview between Confirmation student, parent(s), priest and coordinator to ensure student's readiness to receive the sacrament.

- **Retreats**

- One day retreat.