

St. Veronica Parish
CONFIRMATION
Program

434 Alida Way, South San Francisco, CA 94080 (650) 871.5607

May 2010

Dear Confirmation Candidates and Parents,

Welcome to the preparation program for the sacrament of confirmation. The program is a time of prayerful thought and active formation for the young men and women of our parish. Confirmation, along with Baptism and Eucharist mark our sacramental initiation into the church. In confirmation, we receive the gifts of the Holy Spirit. At St. Veronica, the Confirmation program is open to those of high school age who have completed 8th grade religious studies, either in the Religious Education program or in the Parish School.

The format of the program provides for education, worship, service and reflection in preparation for receipt of the sacrament. Our candidates for confirmation will participate in weekly "home group" meetings, meet occasionally together during Sunday liturgy, service our community and attend a weekend retreat. The home groups meet weekday evenings in the homes of our catechists, typically 10-12 times during the year.

The role of the sponsor is an important one in the sacrament of confirmation and is not just an honor given to a good friend or relative. Along with the parents and catechists, the confirmation sponsor will personally help guide the candidate during his or her journey of faith. Sponsorship implies a real appreciation of the faith and a sense of responsibility toward the candidate. By canon law, a sponsor must be a fully initiated (Baptism, Eucharist, & Confirmation) practicing Catholic and may not be the parent of the candidate. The sponsor should be someone the candidate admires and is capable of assisting the candidate in preparing for the sacrament. The candidate should take some time to prayerfully consider the choice of a sponsor. If you have questions, please contact the confirmation team.

The date for confirmation has not yet been set by the archdiocese.

Correspondence and questions should be directed to the Confirmation Team through the Religious Education office. In late June you will receive a mailing with more specific dates, permission slip, parish service forms and home group selection requests.

As we are preparing to begin this journey of faith, we would like each of our candidates to reflect on why he or she is making this choice to become confirmed. On a separate piece of paper, please answer the following questions in a thoughtfully written manner:

1. *Why do I wish to be confirmed in the Catholic Church?*
2. *Why do I wish to enroll in the program at St. Veronica's parish?*

A thoughtful response would require more than 1 or 2 sentences. Your response should be a neatly prepared paper worthy of the importance of the task!

Please send your written response to the Religious Education Office no later than June 15, 2010 along with your registration form and check.

We look forward to joining you in this journey of faith.

Yours in the Spirit,
The Confirmation Team

PLEASE LEAVE THIS SHEET INTACT! RETURN THE ENTIRE SHEET, THANK-YOU!
PLEASE TYPE OR PRINT VERY LEGIBLY

REGISTRATION FOR CONFIRMATION

2010-11

Please PRINT CLEARLY all requested information

Name _____ Phone _____
(Please use your complete Baptismal Name)

Address _____ City _____ Zip _____

High School (Fall 2010) _____ Student's email address _____

Your Parish Church _____ Baptized at _____
(Church where you regularly worship) (Church, city where baptized)

Parent's signature _____ Mother's Maiden Name _____

Parent's email address _____

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Confirmation sponsor Information

Sponsor's Name _____ Phone _____

Sponsor's Address _____ City _____ State _____ Zip _____

Sponsor's email address _____

Is sponsor also your godparent from Baptism? Yes ____ No ____

Is sponsor a relative? Yes ____ No ____ If yes, name the relationship _____

Parish in which the sponsor received the sacrament of Confirmation _____

Parish in which the sponsor is an active member _____

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Registration Fee for the Confirmation Program is: \$125. Please make check payable to:
"St. Veronica Parish" and mark in the memo space: Confirmation 2010 and child's name.

Please attach a copy of your Baptismal Certificate.

*Please return this completed form, check, copy of certificate and candidate's answer to
St. Veronica's Religious Education Office **NO LATER THAN June 15, 2010.***

ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form

ACTIVITY: *St. Veronica Religious Education Program*

Child(ren 's Name(s):

I, the parent or guardian of the above named child(ren), hereby, give my permission for her/his participation in the activity named above. I agree to direct my child(ren) to cooperate and conform with the directions and instructions of the St. Veronica Religious Education Family Handbook and parish personnel responsible for the activity. I agree to the extent permitted by law, that in the event my child(ren) is injured as a result of her/his participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child(ren) which would render it inappropriate for her/him to participate in any such activity. I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PLEASE LIST THREE PERSONS, OTHER THAN PARENTS, TO NOTIFY IN CASE OF EMERGENCY AND WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD(REN) IN CASE OF AN EMERGENCY/DISASTER. (NOTE: YOUR CHILD(REN) WILL ONLY BE RELEASED TO SOMEONE WHOSE NAME APPEARS ON THIS LIST) **ALL THREE LINES ARE REQUIRED:**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

X _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please note any medical information or special learning needs you would like us and your child(ren)(ren)'s teacher to know about your child(ren)(ren). (for example food allergies, asthma, medications etc.)

PARENT INVOLVEMENT: Please indicate in what area(s) of you would like to participate:

- Teaching Grs 1-4 Substitute Teaching Grs 1-4 Teaching Grs 5-8 Substitute Teaching Grs 5-8
- Help in the classroom Telephoning Special Events Help with Christmas Party

ARCHDIOCESE OF SAN FRANCISCO
Authorization to Consent to Emergency Medical Care and Waiver & Release Form

I/We _____, the undersigned, are the parent(s) having legal custody or the person(s) having legal custody or the legal guardian(s) of _____ (child), who was born on _____ (month/day/year)

I/We hereby authorize the administration at St. Veronica Church where _____ (child) is enrolled to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for _____ (child) under the general or special supervision of a physician/surgeon or dentist pursuant to Section 1317(d) of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Veronica Religious Education Program. If the undersigned has left an emergency number on file at St. Veronica Religious Education Program, reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe immediate care by medical personnel:

Date of last tetanus immunization: _____

Known allergies to medications: _____

I/We understand that St. Veronica Church is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree(s) to release, discharge, indemnify and hold harmless the St. Veronica Church, the Archdiocese of San Francisco, and its constituent organizations, and their officers, agents and employees, from any and all claims for personal injuries, property damage, or indebtedness for medical treatment expenses that I/we or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Signature of Parent/Guardian Printed Name of Parent/Guardian **Date**

Primary Contact Phone #: _____

Signature of Parent/Guardian Printed Name of Parent/Guardian **Date**

Primary Contact Phone #: _____

Emergency Contact: _____ **Phone** _____
(please print)

Primary Insured Name: _____

Insurance Company Name: _____

Policy #: _____