



## Confirmation Preparation 2019 - 2020

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*Permission Waiver and Release & Consent for Treatment Form*

**Note:** **New students** need to complete all of the above forms.

### **Returning students from last year:**

If you have completed pages 5, 6 & 7 last year, and nothing has changed (*ie., phone, address.....*), then all you need to do is sign, date and submit the blank waiver form, page 7.

*If you don't fill out the forms and we find we need to update, or can't locate the information, we will contact you with what we are missing.*

## **CONFIRMATION PREPARATION 2019-2020**

Dear Confirmation Candidate and Parents/Guardians,

For those of you just beginning your Confirmation preparation, welcome! For those of you returning for your second year, it is great to have you back!

Our Confirmation preparation process will look much as it did last year. Following, in brief form, is our plan:

- All Confirmation candidates, year I and year II, will meet together;
- We will meet the FIRST Sunday of the month (7 times);
- Confirmation preparation sessions will begin with 6:00 Sunday evening Mass followed by class in the Parish Hall and end at 8:15;
- Confirmation candidates will rotate as they serve the parish community in these particular ministries: greeters, altar servers, lectors, and ushers;
- There will be ADULT presenters for the first Sunday Confirmation gatherings (e.g. Fr. Kelly, Fr. Gabriel, Don Cleave).
- We will need the help of parents/guardians to serve as “adults in the room”, “activity coordinators”, and “refreshment servers” – these parents/guardians will need to be fingerprinted and background checked to comply with our child protection policy prior to serving.

As you look at the SCHEDULE on the back of this cover letter, please pay close attention to our **Parent/Student Meeting on September 8, 2019** in the Parish Hall. This will begin following the 6:00 Sunday evening Mass.

In assembling the calendar, we have attempted to be very respectful of 3-day weekends when families may be traveling, as well as Super Bowl Sunday 2020 in February. Our expectation is that every Confirmation candidate will be present for **all** of the dates on the calendar.

To all the parents/guardians of years I and II candidates we will be asking for your help. These are YOUR children...please be generous with your time and talent as we seek and desire to prepare them well as young Catholics.

Fr. Kelly Vandehey, Pastor

CONFIRMATION PREPARATION SCHEDULE  
2019-2020  
6:00 p.m. – 8:15 p.m.

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September	8	Parent/Student Meeting ( <i>Mandatory</i> )
October	6	God and Jesus Christ: Who Are They?
November	3	Sacred Scripture
December	1	The Church: One, Holy, Catholic, Apostolic
January	5	Morality: Right and Wrong
March	1	Liturgy and Sacraments
April	5	<i>(Spring Break – no class)</i>
May	3	Holy Spirit and Confirmation

***\*\*\*There will be social/service activities scheduled between January and May. Each Confirmation Candidate is expected to participate in at least one social and one service activity.***

## Confirmation Sponsor Form

*To be completed by the sponsor of the confirmation candidate*

### Qualifications to be a Confirmation Sponsor in the Catholic Church (canon 893, 874):

The sponsor must:

- (1) Be at least 16 years old;
- (2) Be a Catholic who has received the Sacraments of Confirmation and Holy Communion;
- (3) Is a practicing Catholic and is able and willing to fulfill the role of sponsor;
- (4) Not be the father or mother of the one to be confirmed.

*Please Print:*

**Full Name of Sponsor:**

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Are you over the age of 16 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Church of your (sponsor) Confirmation:**

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Name of Church

City/State

**Person for whom you will be the sponsor:**

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*“I understand the responsibility I am undertaking and I have both the desire and the intention to fulfill it.”*

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**Signature of Sponsor**

**Date**

## Choosing a Confirmation Name

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*(Confirmation Candidate Name)*

**Were you named after a particular person? Why did your parents choose your name?**

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**Throughout the history of our Catholic faith there have been women and men who have lived exemplary lives. This does not mean that they were perfect. They, too had weaknesses and shortcomings, but they were willing to struggle through them in the process of conversion. Many had particular gifts that they chose to share by the manner in which they lived their lives: St. Dominic through preaching, St. Monica through her prayer for the conversion of her son Augustine, St. John Bosco through his work with the youth, St. Mary Magdalene through her witness to the apostles of the risen Christ, etc.**

**The Saints, in our Catholic faith, provide us with incredible examples of how we can live in this world by offering a positive message of God's love in both word and action. Which Saint would you like to have as a particular role model as you continue to live your Catholic faith after Confirmation?** \_\_\_\_\_

**What do you know about this particular Saint? (Interesting facts, traditions, period of time in which she/he lived, contributions to the Church and world, his/her family, his/her country, when was she/he canonized – that is: made a Saint):**

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# 2019-2020 Mission San Luis Obispo Confirmation

*(Mission San Luis Obispo keeps this information confidential)*

Teen's Name: \_\_\_\_\_ Teen Phone: \_\_\_\_\_

Teen's email address: \_\_\_\_\_

Parent / Guardian Contact Phone: \_\_\_\_\_

Male

Year 1

Female

Year 2

Teen's birth date: \_\_\_\_\_ Current grade in school: \_\_\_\_\_

Name of School: \_\_\_\_\_

## Parent / Guardian Information

Parent / Guardian 1: Name: \_\_\_\_\_

email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 2: Name: \_\_\_\_\_

email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Has your teen received *(please check)*:

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Church \_\_\_\_\_

First Eucharist *(Communion)* Date: \_\_\_\_\_  
Name of Church \_\_\_\_\_

**A baptism certificate** needs to be turned in **before** Confirmation,  
unless your child was baptized at Mission San Luis Obispo.  
We notify the church of baptism that your teen has been confirmed.

**Registration Fees: \$80 for 2-year program, includes retreat**

Fee paid Year 1

*Please make checks payable to: Old Mission Church*

If these fees present a problem to your family,  
please contact your youth group leader.

No family is denied participation due to cost.

**OFFICE USE ONLY:** Fee paid: \_\_\_\_\_ Baptismal Certificate Received: \_\_\_\_\_ First Eucharist: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Sent Confirmation letter to Church of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR BAPTISMAL CERTIFICATE**

**TO:**

Church/Parish of Baptism: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

- In preparation to receive the Sacrament of Confirmation at Old Mission San Luis Obispo Parish in San Luis Obispo, California, I have been asked to request a copy of my baptismal certificate.

My name is: \_\_\_\_\_

My birthdate is: \_\_\_\_\_

My Father's name: \_\_\_\_\_

My Mother's name: \_\_\_\_\_

My Godfather: \_\_\_\_\_

My Godmother: \_\_\_\_\_

- You may send the Baptismal Certificate directly to the parish:

**Old Mission San Luis Obispo Church  
Attn: Erika  
751 Palm Street  
San Luis Obispo, California 93401**

- If you have further questions, please call my parent/guardian:

Name: \_\_\_\_\_

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

Thank you so very much for your assistance! *(signature)* \_\_\_\_\_

**DIOCESE OF MONTEREY  
 PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM  
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

**To the Parent/legal guardian:** This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity: **Confirmation / Youth Ministry**  
 Dates: **September 8, 2019 - May 3, 2020**  
 Mode of Transportation: **N / A**

I, \_\_\_\_\_ (name of parent or legal guardian) parent or legal guardian of \_\_\_\_\_ (name of child/ren) hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

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**This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.**

**I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide the following:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries) or special health/physical conditions: \_\_\_\_\_

**Insurance Information:**  
 Insurance Carrier (Dependent Coverage): \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Persons Authorized to Pick-Up Children:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

**Person(s) to notify in case of an emergency:**

Name: \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Name: \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child/ren's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child/ren's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_