



Mission San Luis Obispo de Tolosa
Pro Cathedral

Confirmation Preparation 2020 - 2021

Included in this package are:

- Page 1 Confirmation Preparation Letter from Fr. Kelly
- Page 2 Confirmation Sponsor Form
- Page 3 Choosing a Confirmation Name
- Page 4 Registration Form
- Page 5 Request for Baptismal Certificate
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Permission Waiver and Release & Consent for Treatment Form

Note: New students need to complete pages 4 - 6.

Returning students from last year:

If you have completed pages 2, 3, 4, 5 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 6.

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.

DATE: 26 August 2020

TO: Confirmation Candidates and Parents/Guardians

FROM: Fr. Kelly Vandehey, Pastor

RE: **Confirmation Preparation 2020-2021**

Greetings to all of you! Our world continues to look differently during these days of COVID-19 and for so many other reasons, but our faith remains a constant encouraging and strengthening us to face the challenges before us.

For those who are registered with our parish you have already received a letter from me outlining how our Religious Education and Confirmation programs will look for this new school year.

Here are some basic points regarding our Confirmation preparation process this year:

- All Confirmation candidates, year I and year II, will participate in the same recorded presentations;
- Due to COVID-19 we will not be meeting in-person or via live-stream, ZOOM, or other similar platform. Rather, the catechist will make a video recording of about 30 minutes presenting a particular theme for the class. There will be two (2) classes per month and each will have an activity/project for the Confirmation candidate to complete and turn-in to the parish;
- Since making the video recordings will take some time, classes will not begin until January and there will be a total of eleven (11) classes with the last being in June 2021. Beginning in January video classes will be available on our parish website to view: www.missionsanluisobispo.org;
- Each Confirmation candidate will receive a packet of eleven (11) envelopes with the necessary materials for each class and instructions for the activity/project. Each activity/project must be turned in to the parish office within two weeks;
- This will allow the candidate to view the video according to his/her schedule, but will not allow for procrastination.

You will find attached to this cover-letter several other documents. At this time we NEED you to fill out the *Registration Form* and the form given us by the Diocese of Monterey: *Permission Waiver and Release & Consent for Treatment Form*. Please return these two (2) forms to us by the end of September so we are sure to have enough materials for each candidate.

At the beginning of January I will record a video for the Confirmation Candidates and their Parents/Guardians to view together. It will give a much clearer explanation of the process as well as information concerning the other documents (*Confirmation Sponsor Form, Choosing a Confirmation Name, and Request for Baptismal Certificate*).

Confirmation Sponsor Form for Confirmation II Candidates

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:

Are you over the age of 16 years? Yes No

Church of your (sponsor) Confirmation:

Name of Church

City/State

Person for whom you will be the sponsor:

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

Signature of Sponsor

Date

Choosing a Confirmation Name for Confirmation II Candidates

(Confirmation Candidate Name)

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

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):

2020-2021 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: **January 1, 2021 to June 30, 2021**
 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.

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: _____