

# Important NEW Confirmation Information

## Why the change?

The Diocese has made a policy that the Sacrament of Confirmation should be administered during the 8th grade. The Diocese has allowed a grace period for Parishes to conform their programs to meet this standard. The following will be our Fall Confirmation Program.

## Who this is eligible?

This administration of the Sacrament this Fall is for:

- **8th Grade Students (2013-2014)**
- **9th Grade Students (2013-2014)**
- **Any high school student (10-12th grade) who has received their other Sacraments, but for any reason missed Confirmation.**

## Confirmation Retreat:

- There will be a 1 day Confirmation retreat of preparation from 8 AM - 10 PM.
- This retreat is mandatory for those who want to be Confirmed in September.
- The retreat will be at Camp Hoblitzelle in Midlothian.
- The Confirmation fee of \$125 includes the retreat.

## Confirmation Date:

This Fall St. John Nepomucene will have two Confirmation Masses.

Saturday September 21<sup>st</sup> 10 AM and 1 PM.

St. John Nepomucene Youth Ministry 2013-2014

**Confirmation Registration**

Deadline is August 16th

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday (Mo/Day/Yr) \_\_\_\_\_ GRADE in Sept. 2013: \_\_\_\_\_

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

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

Parent's Email address: \_\_\_\_\_

Learning challenges, social concerns, medications, allergies or other information such as custody issues: \_\_\_\_\_

**Sacraments**

Sacraments my child has received:

**Copy of Baptismal certificate must be turned in with form.**

\_\_\_\_\_ Baptism \_\_\_\_\_ 1<sup>st</sup> Reconciliation \_\_\_\_\_ 1<sup>st</sup> Communion

**Emergency Information:** In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I hereby give permission to the Youth Ministry Staff of St. John Nepomucene Catholic Church to seek emergency treatment for my child until either parent of the emergency contact person can be reached.

Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, etc.):

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

If this is a financial burden, please contact the Youth Ministry Office for possible scholarship options or payment plan.

**Fee**

\_\_\_\_ \$125 (Fee includes Confirmation Retreat and administrative use)

**Office Use Only**

Date received: \_\_\_\_\_ PDS Date: \_\_\_\_\_

Payment received in full date: \_\_\_\_\_ Amount: \_\_\_\_\_

Received by: \_\_\_\_\_ Family ID: \_\_\_\_\_