

St. Bede the Venerable
A Catholic Community ~ Here to Worship, Called to Serve
215 Foothill Blvd. La Canada, CA 91011 818-949-4324 theresa@bede.org

Confirmation Preparation Program

*“To be young is to be attracted to truth, freedom, peace, beauty and goodness.
To be young means to be eager to live; to live joyfully, meaningfully.”* Pope John Paul II

May 27, 2010

Dear parent(s),

Welcome to St. Bede’s Confirmation Preparation Program!

In the Archdiocese of Los Angeles, Confirmation preparation is a required two-year process undertaken by high school students (usually freshmen and sophomores) at their home parish. It is a process in Christian maturity based on the belief that adolescents are at a significant point in their faith journey as they’re beginning to establish a personal faith identity. Our goal is to form disciples. As we facilitate the interaction between the candidates and others who walk with them on this journey at St. Bede, we hope that they will develop a deeper personal relationship with Christ, experience the power of the Holy Spirit working in their lives, and feel a sense of belonging to the Church as they prepare to receive the Sacrament of Confirmation.

During the first year (Y1), all registered Confirmation candidates (sometimes with parents or sponsors) are expected to attend and participate in the following program requirements:

- Mass every Sunday.
- 12 total sessions:
 - Parent/candidate orientation (Fall ’10)
 - 6 Catechetical Sessions in smaller group sizes. Attendance at the Sunday 5:30 p.m. Youth Mass is required as part of the six catechetical sessions.
 - 3 Faith Exploration “FX” Sessions -- large youth ministry events for all candidates.
 - 2 Candidate Sessions with Sponsors (Session in Fall ’09 is followed by a ritual at the Youth Mass)
- 1 All-Day Retreat
- 20 Service hours (10 hrs. to contribute to St. Bede’s parish life, 10 hrs. to help people in need). Service hours may start accumulating during this summer.
- Participation in the parish penance services during Advent and Lent.

A final schedule will be sent via email to you in late August. **We will kick-off the year with a parent/candidate orientation on September 26, 2010, 3:30 – 5:15 p.m. followed by Mass.**

If you are interested in St. Bede’s Confirmation Preparation Program, please complete and return the attached registration forms, a copy of your child’s Baptismal Certificate (if he/she wasn’t baptized at St. Bede), and payment to the parish center as soon as possible. Please note that the deadline for the Early Bird fee is June 30, 2010.

If you have questions regarding the Confirmation Preparation Process, please feel free to contact me at theresa@bede.org or (818) 949-4324.

Peace in Christ,

Theresa Bui Costanzo
Confirmation Coordinator

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CONFIRMATION PREPARATION PROGRAM
HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name _____ Date of Birth _____
Address _____ Female _____ Male _____
City _____ Zip _____ Phone (____) _____

Is this participant in general good health and able to participate in all activities involved in this event?
YES _____ NO _____ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date of most recent physical exam: _____ Physician or Clinic: _____
Address _____ Phone: (____) _____

IMMUNIZATION HISTORY: (Please give dates)

DPT _____ DPT BOOSTER _____ TETANUS BOOSTER _____

ALLERGIES (Please write yes or no next to each)

Hay Fever _____ Asthma _____ Poison Ivy _____ Sulfa _____ Nuts _____
Penicillin _____ Bee Sting _____ Other _____

Medicines

If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Operations or Serious Injuries: _____ Dates: _____
Please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Does the participant have any special dietary needs? If yes please list on reverse side of form.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) **Theresa Costanzo or other adult catechists in the St. Bede Confirmation program**, for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the **St. Bede the Venerable parish**, or any of 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, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the Confirmation Preparation Program.

This authorization shall remain effective immediately.

Signature of parent(s)/guardian: _____ Date: _____

Emergency Telephone Number During Event (____) _____ Alternate Telephone (____) _____

Family Health Insurance Co: _____ Policy No. _____
(If possible please provide a copy of the insurance card)

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RELEASE FOR MEMORIALIZING:

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Parent/Guardian Signature _____ Date _____

EARTHQUAKE/DISASTER INFORMATION:

In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to a parent/guardian or those adults listed below:

1. _____
Name Address City Phone

2. _____
Name Address City Phone

I hereby give consent for these adults to take my son/daughter home if I am unable to do so. I have notified each of them regarding this permission:

Parent/Guardian Signature _____ Date _____

Emergency out-of-state phone number to be used if local numbers cannot be reached:

Contact Name _____ Phone _____

FOR OFFICE USE ONLY:

Minor was picked up by:

Name Date Office Signature

Name Date Office Signature

VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
“Permission Slip”

TO: Parents in the St. Bede Confirmation Preparation Program

FROM: Theresa Costanzo, Confirmation Coordinator

SUBJECT: Permission to have your teenager participate in the *Touching Safety* program

DATE: April 10, 2011

At the second Confirmation FX session on April 10, 2011, we will present “Creating and Maintaining Healthy Relationships,” which includes the Virtus Teaching Touching Safety sexual abuse prevention program for teenagers. The creators of the *Protecting God’s Children*™ program developed the *Touching Safety* program. This program is provided to us by the Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse (Article 12 of the Charter for the Protection of Children and Young People adopted by the Bishops of the U.S. in June 2002).

As a parent, you have the right to choose whether your student participates. We encourage you to read the enclosed guide so you’ll be aware of the nature of this important program. If you have questions about the program, please feel free to contact Theresa Costanzo at 818-949-4324.

For more information visit the VIRTUS *Online*™ website at www.virtus.org.

Permission form for use with the *Touching Safety* program:

I am allowing my child to participate in the Protecting God’s Children “Touching Safety Program” and am specifically requesting that St. Bede PREP present the program to my child whose name is:

_____.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____

**CONFIRMATION YEAR 1 (2010-2011)
PARENT VOLUNTEER JOB DESCRIPTIONS**

<u>POSITIONS/DESCRIPTION</u>	<u>SERVICE HOURS EARNED</u>
Catechist	5 (maximum hours earned)
Job description: You will attend a two-day catechist training in late August. You will need to have been fingerprinted, attended the Virtus training for adults and sign an Acknowledgement Form for interacting with minors. As catechist, you will lead or co-lead a team of teen leads to facilitate six catechetical sessions, following the syllabus provided by the Confirmation coordinator. In appreciation of your commitment, the registration fee for your teenager is waived for each year you serve.	
Confirmation Appreciation Dinner Coordinator	5
Job description: You will plan all aspects of the Confirmation appreciation dinner with the bishop on Confirmation day (Spring 2011). You will be given a budget to hire a caterer, select the menu, and procure the dinner ware. You will be responsible for setting up and cleaning up of the event. (This job requires experience in party planning. Candidates may work with their parents on this to earn the full 10 hrs. service to the parish).	
Youth Day Chaperone (3/17)	3
Job description: You will help chaperone a group of 10 teens within a larger group of about 50 attending Youth Day on Thursday, March 17, 2011. You will need to arrive at the church parking lot at 6 a.m and return by around 6 p.m. You will need to have been fingerprinted, attended the Virtus training for adults and sign an Acknowledgement Form for interacting with minors.	
Snack/Set Up Coordinator for Session with Sponsor	2
Job description: You will contact all Y2 parents to ensure that parent volunteers will provide snacks and drinks for 120 teens/sponsors at this special event. On the day of the event, you will show up at 3:30 to help the team set up the snack table in the courtyard for this session, including making lemonade. The day before each session, you will contact the parents to remind them	
Snack/Set Up Coordinator for an FX event	2
Job description: You will contact all Y1 and Y2 parents to ensure that parent volunteers will provide snacks and drinks for 120 teens at this event. The day before each session, you will contact the parents to remind them On the day of the event, you will show up at 3:30 to help the coordinator and team set up the snack table in the courtyard for this session, including making lemonade.	
Snack Coordinator for a Track (6 sessions)	2
Job description: You will contact parents in the respective track to ensure that parent volunteers will provide snacks and drinks at each of the six sessions in your teenager's track. Each parent snack/drink provider will need to bring the item 30 minutes before session starts. The day before each session, you will contact the parents to remind them. You will submit a copy of the sign-up sheet to Scarlette Chapman in the Religious Education Office when it is completed.	
Snack or Drink Provider	1
Job description: You will sign up to provide enough snacks or drinks for 12 minimum. If you provide snack for a track session, you can send the item with your teenager. If you provide snacks/drinks for a large event such as a session with sponsors or an FX, then you will bring the donated items 30 minutes before the event starts. You can also provide snacks/drinks for the weekend retreat. Please submit your receipt to Scarlette Chapman.	
Session Aid	1
Job description: You help the team with set up and/or clean up at a session.	
Administrative Assistant	1
Job description: Assist the Confirmation Coordinator with administrative work in the office.	

CONFIRMATION WISH LIST

To keep program expenses to a minimum, the Confirmation program is in need of the following supplies:

Pens

Stamps

Markers

Balloons

Clipboards

Lined paper pads

Thank you cards

White votive candles

Name badges (clip style)

Yarn (at least 2 big rolls)

Water bottles (by the case)

Poster Size Post-It Paper Pads

Snacks for the weekend retreat

White ribbon rolls (5/8 in. width)

Colored paper in a variety of colors

Flatware (for up to 50 table settings)

Rectangle, white fabric table cloth 8 ft.

Hot laminating sheets 9X11½ (5 mil; 0.127 mm)

Round plastic tablecloths (60 in. white, purple, green)

Rectangle plastic tablecloths (8 ft. white, purple, green)

Folders with clasps for 3-hole papers and pockets (100 red)

For each \$10 spent on the wish list, you contribute to 1 hour of parish service for your teen candidate. (Each household may earn up to 5 total hours of parish.)

Please call if you have any questions (818) 949-4322 or
e-mail scarlette@bede.org



Email correspondence

Year 1 and 2



Dear Families,

Email is the best form of communication with our families. It allows us to immediately notify all our families of upcoming events, changes in events, classroom changes and many other items of interest. It also allows you to contact us with any questions or concerns at your convenience.

We ask that you add us to your authorized email recipient list so that you receive our email correspondence and are kept current on all our activities and requirements pertaining to the Confirmation program and your teen.

moira@bede.org
theresa@bede.org
joshua@bede.org
scarlette@bede.org

Moira Arjani - Director of Religious Education
Theresa Costanzo – Confirmation Coordinator
Joshua Corzantes - Youth Minister
Scarlette Chapman – PREP Administrative Assistant

Please fill out the form below, taking care that it's legible, and return it with your registration packet.

Family Last Name: _____

Parent's Name: _____

Primary Email: _____ @ _____

Teen's Name: _____

Teen's Email: _____ @ _____

Fill in your teen's email ONLY if you give us permission to contact them directly. Note: ALL email will also be sent to parent's email address.

By signing below you acknowledge that our primary and sometimes only form of communication with our parents and teens is email and you agree to add our email addresses to your accepted email list.

Parent's Signature: _____ Date: _____