

St. Ursula Confirmation Welcome Letter

Dear Prospective Confirmation Parents—

Attached you will find a packet of information to help you decide if you would like to register your child to receive the Sacrament of Confirmation through St. Ursula Parish. First, you will find a confirmation **calendar** with all the dates you will need to know for the program.

The **orientation** in October is mandatory for both the student and at least one parent. At this orientation we will go through many specifics of the program for the upcoming year and lay out expectations. Confirmation consists of **six classes, an overnight retreat, a confirmation interview and the confirmation liturgy itself**, which will happen in mid-May but will not be scheduled with the Bishop's office until the fall. Along the journey each candidate will complete **community service, participate** in the life of the parish, choose a Christian **name** and a **sponsor**, and be challenged in their faith lives.

In order to be confirmed, the Archdiocese of Baltimore requires that a young person must be *baptized* and have had a year of *catechesis* prior to entering the confirmation process. A year of catechesis would include either being enrolled in a catholic school or going through religious education during one's 8th grade year. Also, if your child was baptized at St. Ursula, the approximate date of their baptism will help us locate the record in our files. If they were not baptized at St. Ursula, we will need a copy of their baptismal certificate so we can add it to their file to prove their baptism.

In order to register, please fill out the confirmation checklist and registration form that are attached. All forms should be returned to the parish office of St. Ursula, with cash or check for \$150.00, no later than **September 23, 2016**. *Please do not let the fee be a reason not to be confirmed, we will work with any family that needs help simply be emailing me or writing a note on the confirmation registration materials explaining the circumstances so that we can work with you and offer a payment plan or scholarship.*

If you have any questions that you would like answered prior to registration, please feel free to contact me via email any time in the spring or over the summer at PalmerC9581@gmail.com. I look forward to the 2016-17 confirmation program and look forward to meeting everyone in the fall at Orientation on Sunday, October 9, 2016.

Much Peace,

Cassandra Palmer

Youth Ministry and Confirmation Coordinator, St. Ursula Parish

St. Ursula Confirmation Calendar – 2016-17 Calendar

All meetings and classes are held in the Spiritual Center, unless otherwise indicated.

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|---|---|-------------------------|
| ▪ Friday, September 23, 2016 | Registration Deadline | |
| ▪ Sunday, October 9, 2016 | <i>Mandatory Orientation after 9AM Mass</i> | <i>10:00 - 11:00 AM</i> |
| ▪ Sunday, November 13, 2016 | Class #1 (9AM-11AM) & 11AM Mass | <i>9:00AM – 12:00PM</i> |
| ▪ Sunday, December 11, 2016 | Class #2 (9AM-11AM) & 11AM Mass | <i>9:00AM – 12:00PM</i> |
| ▪ Sunday, January 8, 2017 | Class #3 (9AM-11AM) & 11AM Mass | <i>9:00AM – 12:00PM</i> |
| <i>*Sponsor Form and Confirmation Name Card Due</i> | | |
| ▪ Friday-Saturday, January 14-15 | <i>Retreat at O'Dwyer Retreat House</i> | <i>6:30PM-3:00 PM</i> |
| ▪ Sunday, February 12, 2017 | Class #4 (9AM-11AM) & 11AM Mass | <i>9:00AM – 12:00PM</i> |
| <i>*Letter to the Bishop Due</i> | | |
| ▪ Sunday, March 12, 2017 | 9AM Mass & Class #5 10AM-12PM | <i>9:00AM – 12:00PM</i> |
| <i>*In Parish Activity, Service Requirement Paperwork</i> | | |
| <i>*Students & Sponsors will attend 9AM mass, class will be 10-12PM</i> | | |
| <i>*** Daylights Saving Time!</i> | | |
| ▪ The Week of April 24-28 | <i>Final Interview with Parish Staff</i> | <i>By Appointment</i> |
| <i>Located in the Parish Office/Antioch House</i> | | |
| ▪ Tuesday, May 2, 2017 | <i>Confirmation Rehearsal</i> | <i>7:00PM</i> |
| ▪ Mid May, 2017 | <i>Confirmation Mass Date TBD</i> | <i>7:00PM</i> |

Snowed-Out or Cancelled Classes will be made up on:

December 18, 2016 *Make Up Class #1 If needed*

February 19, 2017 *Make Up Class #2 If needed*

March 19, 2017 *Make Up Class #3 If needed*

April 23, 2017 ***MAKE-UP DATE FOR STUDENTS WHO HAVE MSISED A CLASS***

St. Ursula Confirmation Registration Checklist

2016-2017 School Year

Please mail each of the following (including this completed checklist) to the St. Ursula Parish office no later than
September 23, 2016

_____ **Completed Confirmation Preparation Registration Form**

_____ **Completed Confirmation Retreat Permission Form**

_____ **Program payment of \$150.00 cash or check made payable to St. Ursula**

If you are unable to make the payment at this time please write a note on the back of this sheet indicating when payment can be expected. All payment must be made no later than the Confirmation Orientation on October 9, 2016. Email if you have questions or need to have this fee waived for any reason (PalmerC9581@gmail.com)

_____ **Proof of Baptism**

We require a copy of each student's Baptismal Certificate. If your child was baptized outside of St. Ursula this, is not optional. If your child was baptized at St. Ursula please simply write the date of their baptism and we will look it up in our records. You do not need to include a copy of the baptismal Certificate if your child was Baptized at St. Ursula.

Date of St. Ursula Baptism: _____

_____ **Year of Catechesis or Enrolment in a Catholic School year prior to Confirmation Classes**

Did your child complete their 8th grade year in a catholic school? If yes, please indicate which school below. If not, did your child participate in 8th grade religious education at St. Ursula? If so, indicate below.

_____ 8th grade religious Education at St. Ursula

_____ 8th grade religious Education at the following parish _____

Please mail this Checklist, baptismal certificate (if not baptized at St. Ursula) , Permission Form, and the
Registration Form no later than September 23, 2016

St. Ursula Parish
Youth Ministry Office
8801 Harford Road
Parkville, MD 21234

2016-17 St. Ursula Confirmation Preparation Registration

Candidate's Name: _____
First Middle Last

Nickname/Goes By: _____

Date of Birth: _____ City/State of Birth: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Primary Parent E-Mail: _____

Secondary E-Mail: _____

Middle School Attended: _____

School Enrolled in for 2016-17 School Year: _____

Grade in which student will be during Confirmation (2016-17): _____

Age of student at date of confirmation (May 2017): _____

Church of Baptism: _____

Address of Church of Baptism: _____

Date of Baptism: _____

Mother's Full Maiden Name: _____

Address: _____

Phone Home: _____ Phone Cell/Work: _____

Father's Name: _____

Address (if different from Mother): _____

Phone Home: _____ Phone Cell/Work: _____

**ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address _____ City/State/Zip _____

E-mail address: _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Confirmation group of St. Ursula to:

***The Monsignor O'dwyer Retreat House
15523 York Road
Sparks Glencoe MD, 21152
410-472-2400***

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Ursula Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

☐ I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

☐ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

☐Tylenol ☐Benadryl ☐Advil ☐Sudafed ☐Midol ☐Kaopectate ☐Neosporin ☐Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature

Child's Name