

**Welcome to Youth Ministry
2nd Year Confirmation
2017-2018**

Dear Parish Families,

Welcome to San Rafael's Youth Ministry & Confirmation Program. I am excited to journey with your family and your teen towards the Sacrament of Confirmation. This is truly a special time of spiritual formation for your teen, one that I hope will strengthen your entire family.

Our **Parent and Student Orientation** will be held on **Sunday, September 17** at **6-7PM** in the **Parish Hall**. At this time we will review all requirements and expectations for Confirmation. I have included our annual medical release waiver to this packet. Please fill it out and bring with you to orientation. We will also have additional forms for you to review and sign at orientation, so please be sure to be there.

Our goal is to give our youth an experience of faith that is as fun, spirit filled, and as fruitful as possible. The difference between achieving this goal and not is based on your participation. I cannot achieve this without your help.

At this time we **do not have enough catechists & volunteers for High School Youth Ministry** and I ask you to greatly consider volunteering. We are looking for Catechists to help lead teach classes and small group discussions, as well as leaders to organize service projects, social events, etc. We will provide training, materials, and all lesson plans for you. You don't have to do this alone. Faith formation for our youth will not be a reality without enough volunteers, so please consider and pray about volunteering in this rewarding ministry.

If you are interested in volunteering please contact Lailani before September 3rd:
858-674-1146 or youthministry@sanrafaelparish.org.

In Christ,

Lailani Gachalian

Director for Middle School & High School Youth Ministry

Website: www.sanrafaelyouth.org

Email: youthministry@sanrafaelparish.org

Office: 858-674-1146

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CONFIRMATION GENERAL INFORMATION

Confirmation preparation is a two-year process within the high school years. Teens typically begin in their freshman year of high school (although it is not unusual for teens to begin this process later as a sophomore or junior). This two-year formation process is based on the principles set forth in the National Conference of Catholic Bishops' document *Renewing the Vision: A Framework for Catholic Youth Ministry*. Our Confirmation process is not only preparation for the Sacrament of Confirmation, but also focuses on the importance of teens becoming active members of their Catholic Church Community.

Expectations & Requirements: *(details will be reviewed at Parent & Student Orientation):*

- Mass Attendance
- Class Attendance
- Community Service
- Covenant Ritual with Confirmation Sponsor
Sunday, September 24, 2017 at the 12PM mass. Class with sponsor 1-2pm.
- Youth Days (attend at least one)
Saturday, April 7, 2018
- Retreats
2nd Year Retreat: February 2-4, 2018
Cost: \$210
Location: Whispering Winds, Julian CA

ANNUAL MEDICAL RELEASE— Valid September 2017 – September 2018

Child's Name: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

In the event of an emergency, if you are unable to reach me at the provided numbers, please contact:

Name & Relationship: _____ Phone: _____

1. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to may further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

1). Signature: _____ Date: _____

2. Other Medical Treatment:

Please notify me if it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

2). Signature: _____ Date: _____

3. Current Medications:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

3). Signature: _____ Date: _____

4. Medications: Choose one of following options (A or B)

A. No medication of any type whether prescription or nonprescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

B. I hereby grant permission for nonprescription medication (Such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Please select: **A** **B**

4). Signature: _____ Date: _____

5. Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):	
Immunizations: Date of last tetanus/diphtheria immunization:	
Does child have a medically prescribed diet?	
Any physical limitations?	
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?	
Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.? If so, please provide date and disease or condition:	
You should be aware of these special medical conditions of my child:	

PHOTO/VIDEO RELEASE

I (parent/guardian) authorize the Office for Youth Ministry at San Rafael Parish, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) of above named Participant ("my child") for purposes of furthering the mission of the Youth Ministry, in this specific case, the creation of publication materials for adults who participate in Youth Ministry at San Rafael Parish. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature: _____ Date: _____

DATE 2nd YEAR CONFIRMATION CALENDAR

Sept. 17	Parent & Student Orientation – 6-7PM, Parish Hall
Sept. 24	<i>Session 1 - Covenant Ritual Mass @12PM, 1-2pm Class with Sponsor</i>
Oct. 1	Session 2
Oct. 8	Session 3
Oct. 15	EB Parent Night - No Class for Students
Oct. 22	Session 4
Oct. 29	Session 5
Nov. 2	Family Night - Guest Speaker/Musician Steve Angrisano
Nov. 5	Session 6
Nov. 12	NO CLASS
Nov. 19	Youth Night in Parish Hall
Nov. 26	NO CLASS – Happy Thanksgiving!
Dec. 3	Session 7
Dec. 10	Session 8
Dec. 17	Session 9
Dec. 24	NO CLASS – Merry Christmas!
Dec. 31	NO CLASS – Happy New Year!
Jan. 7	Session 10
Jan. 14	Youth Night in Parish Hall
Jan. 21	Session 11
Jan. 24	Parent Night - Guest Speaker
Jan. 28	Session 12
Feb. 2-4	2nd Year Confirmation Retreat @Whispering Winds, Julian CA
Feb. 11	Session 13
Feb. 18	NO CLASS - District Presidents Week Holiday
Feb. 25	Session 14
Mar. 4	Session 15 - Praise & Worship Concert @Good Shepherd, GYM
Mar. 11	Session 16
Mar. 18	Session 17
Mar. 25	Confirmation Rehearsal @1PM in Church
Apr. 1	NO CLASS - Easter Sunday
Apr. 7	Synergy Youth Day
Apr. 8	NO CLASS – PUSD Spring Break
Apr. 15	Session 18
Apr. 22	Session 19
Apr. 29	End of Year Family Potluck (must RSVP to attend) 6-8PM in Parish Hall

****Possible Confirmation Dates: April 6, 13, or 20. *We should know the exact date in December.**