

**ST. BEDE THE VENERABLE CATHOLIC CHURCH  
CONFIRMATION**

215 Foothill Boulevard, La Cañada, CA 91011  
(818)949-4324 · Fax (818) 790-0699 · [www.bede.org](http://www.bede.org)

May 15, 2014

Dear Parents,

Welcome to St. Bede's Confirmation Preparation!



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. Many teens are at a significant point in their faith journey, as they begin to establish a personal faith identity. As parents are the primary catechists in their teen's religious life, we hope to facilitate the interactions between the teens and those who walk with them on their journey at St. Bede. We hope that they will develop a deeper personal relationship with Jesus Christ, experience the power of the Holy Spirit working in their lives, and feel at home and a sense of belonging to the Church as they prepare to receive the Sacrament of Confirmation.

During the first year, all registered Confirmation students are expected to attend and participate in the following program requirements:

- To actively participate in weekend and holy day liturgies;
- One All-Day Retreat;
- Participation in the parish penance services during Advent and Lent;
- Approximately 14 Confirmation Classes during the school year, this includes two sessions with Sponsors;
- Three Service Projects of approximately 3-5 hours each (minimum 10 hours total per year). Two service projects will contribute to St. Bede Parish life and one service project should help people in need. Service hours may start accumulating now;

A final schedule will be emailed to you in mid August.

If you are interested in St. Bede's Confirmation Preparation Process, please complete and return the attached registration forms, a copy of your child's Baptismal Certificate (if he/she was not baptized at St. Bede), and payment as soon as possible. Please note that the deadline to avoid a late fee is June 6, 2014. **We will kick off the year with a parent orientation meeting on August 25th at 7PM in the John 23rd Room at the Parish Center.**

If you have questions regarding Confirmation, please feel free to contact me at [diane@bede.org](mailto:diane@bede.org) or 818-949-4324.

In Christ,

Diane Cwik  
Confirmation Coordinator

*St. Bede ~ A Catholic Community ~ Here to Worship, Called to Serve*

## Year 1 Confirmation Registration Checklist

- Confirmation Registration Form

Please be sure to:

- Note birthdate
- Include a picture (~2”X3”)
- Note t-shirt size



- Health and Medical Release Form (2 pages)
  - Make **sure to** include medical record policy # or include a copy of the insurance card
- Release for Memorializing/Earthquake/Disaster Information Form
- Copy of Baptismal Certificate or, if baptized at St. Bede, \_\_\_\_\_Month and \_\_\_\_\_Year baptized.
- Virtus “Protecting God’s Children” Permission Slip
- Family Commitment Form
- Sponsor Form—(Note, sponsor **cannot** be a parent- contact Diane Cwik [diane@bede.org](mailto:diane@bede.org) or 818-949-4324 with any questions or concerns.)
- Payment (payable to St. Bede the Venerable Church)

Registration should be in PREP office by 6/6/2014 to avoid \$25 late fee.

# St. Bede the Venerable

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## CONFIRMATION REGISTRATION FORM — YEAR I (2014-2015)

### Section 1: Candidate Information

Student Name: _____ <b>Male Female</b> <small>Last Name                      First Name                      Middle Name</small> School Attending in Fall '14 _____ Grade _____ Date of Birth: _____ Address: _____ City _____ Zip: _____ Teen's E-mail: _____ Teen's Cell: _____ T-Shirt Size: <b>XS S M L XL XXL</b>	Please Attach Photo
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### Section 2: Religious Information

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**\*\*Copy of original certificate must be on file in the PREP office including sacraments received at St. Bede**  
 First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Is family registered at St. Bede? No \_\_\_ Yes \_\_\_ Envelope #: \_\_\_\_\_ Mass attending (day/time) \_\_\_\_\_

### Section 3 Parent/ Guardian Information

Father / Guardian Info (address if different than above):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Marital Status: M      D      S      W  
 Occupation: \_\_\_\_\_

Mother / Guardian Info (address if different than above):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Marital Status: M      D      S      W  
 Occupation: \_\_\_\_\_

### Section 4 Agreement

**Parent/Candidate Commitment Agreement** — We have read the program requirements and agree to be committed to the St. Bede's Confirmation Program by making it a priority to attend all required sessions, one-day retreat, and Sunday Mass.

Candidate's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

### Section 5 Fees and Deadlines

**Fees:** \$175.00 per one student for registered parishioner  
 \$150.00 per additional family member  
 \$225.00 per student for non-registered families

Late fee of \$25 after June 6, 2014

Fees are non-refundable.

Checks to be deposited after July 1, 2014

Please submit form and payment (payable to St. Bede the Venerable Church) to St. Bede Confirmation Program, 215 Foothill Boulevard, La Canada, CA 91011

**For Office Use Only**

Date Received: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Paid: \_\_\_\_\_  
 Cash/Check # \_\_\_\_\_  
 Medical Release: \_\_\_\_\_  
 Baptism Cert.: \_\_\_\_\_

# St. Bede the Venerable

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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.

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### AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize as agent(s) **Diane Cwik 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 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)

**Medication Name:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Frequency given:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any special dietary needs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

Last Name Printed: \_\_\_\_\_

**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
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2. \_\_\_\_\_

Name	Address	City	Phone
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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
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Name	Date	Office Signature
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**Virtus “Protecting God’s Children” ® Program**

**Archdiocese of Los Angeles**

**Permission Slip**

To: Parents/Guardians  
From: St. Bede Confirmation Program  
Subject: Opportunity to allow your student to participate in the program to keep our youth safe

St. Bede Confirmation Program will present a safety program to our students in the 2014/2015 school year. The creators of the *Protecting God’s Children*® Program developed the youth lessons for the *Touching Safety* program, which is provided to us by the Archdiocese of Los Angeles. This is part of our ongoing effort to help create and maintain a safe environment for our students and to protect all our students from any type of abuse. As a parent, you have the right to choose whether your student participates. A printed guide regarding this important program is available in the PREP office. Please complete the permission slip at the bottom of this page and return it to the PREP Office or to me with your Confirmation registration.

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For more information, visit the VIRTUS Online website at [www.virtus.org](http://www.virtus.org).

Permission form for use with the “Protecting God’s Children” Touching Safety program:  
I am allowing my student to participate in the Protecting God’s Children youth program and specifically requesting that St. Bede Confirmation present the program to my child whose name is:

\_\_\_\_\_.

Parent’s name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Should you have any questions regarding this program,  
please contact Diane Cwik at [diane@bede.org](mailto:diane@bede.org) or 818-949-4324.

## Family Commitment Form for Confirmation

Each family will be asked to help with Confirmation in a variety of ways.

All families are asked to bring snack or water twice a year for retreat or classes.

In addition, parents are asked to: help with Trunk or Treat, help with the Good Friday Servathon, help out in the PREP office, purchase \$25 worth of supplies from our Wish List, or buy out their responsibility by issuing a check to PREP for \$30.

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Choose two months in which you will bring snack or water  
(August-May):

\_\_\_\_\_ (Alternate months)  
\_\_\_\_\_

AND, we will help with one of the following:



\_\_\_ Trunk or Treat, (Date either Sat. Oct 25th or Sun., Oct 26th, 2014, to be determined):

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Good Friday Servathon, April 3rd, 2015:

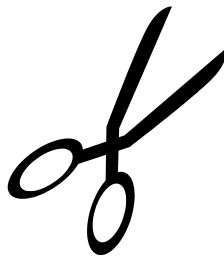
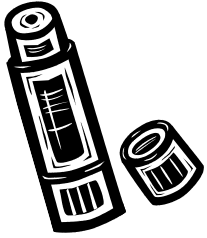
Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Help out in the PREP office.

\_\_\_ Our family will purchase \$25 worth of supplies from the Wish List -please drop off with registration forms.

\_\_\_ Our family will "buy out" our commitment with a \$30 donation (Include payment)





To keep program expenses to a minimum,  
Confirmation is always in need of some additional supplies.  
Please make sure to include your receipt for tax purposes!

We are always in need of:

- Black or blue pens
- "Forever" postage stamps
- One Gallon and Two-Gallon Ziploc Baggies
- Large Colored markers
- Religious note or thank you cards
- White votive candles
- 3"X5" Colored Index Cards
- Large Dry Erase Markers
- Multicolor Yarn
- 8 ft. Rectangle, all white or all black plastic table cloths
- 8 ft. Rectangle red fabric table cloth (2 needed)
- Sturdy paper plates
- Sturdy paper cups – for hot drinks
- Plastic forks, knives, and spoons
- Small paper plates

Call if you have any questions 818-949-4322 or e-mail [scarlette@bede.org](mailto:scarlette@bede.org)

Thank you for your generosity!!!!



### Sacramental Sponsorship Certificate

Please check one: I am  married  single

**Requirements to be a Sponsor (Please circle Yes or No)**

Yes	No	I am a registered member of _____.
Yes	No	I am at least 16 years of age.
Yes	No	I have received the sacraments of Baptism, First Eucharist, and Confirmation in the Catholic Church.
Yes	No	(Only if applicable) If baptized in another church, I have been received into full communion with the Catholic Church through the RCIA program.
Yes	No	I attend Mass regularly on Sundays and Holy Days of Obligation.
Yes	No	I sincerely try to follow the moral teaching of the Catholic Church.
Yes	No	I am not the parent of the child to be Baptized or Confirmed.
Yes	No	(Only if married) I was married in the Catholic Church.

**By answering “Yes” to all questions that are applicable,**

I, \_\_\_\_\_, Print Full Name

affirm that the requirements stated above are fulfilled. In accepting the roles of sacramental sponsorship I recognize that I am to practice my faith by attending Sunday Mass and living my Catholic faith through prayer and generous concern for others.

I have consciously considered what I have been asked to do, and I understand and accept the responsibilities that I undertake as a godparent/sponsor for

\_\_\_\_\_  
Name of Child/Candidate

\_\_\_\_\_  
Sponsor Signature

I certify to the best of my knowledge that \_\_\_\_\_ has met the Canonical requirements and is a Catholic qualified to act as a sponsor for the Sacraments of Baptism and Confirmation.

Church Representative: \_\_\_\_\_  
Signature

\_\_\_\_\_ Title

Church Information \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**CHURCH SEAL**