

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

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



May 15, 2014

Dear Parents,

It's time to register for Year 2 Confirmation. Before you and your family leave for summer vacation, please complete and return the attached registration forms (front/back sides) and payment to parish center by June 6th to avoid the late fee.

The requirements for the Year 2 Confirmation process are as follows:

- To actively participate in weekend and holy day liturgies;
- One weekend retreat;
- A parent meeting in the winter;
- Participation in the parish penance services during Advent and Lent;
- Approximately 15 Confirmation Classes during the school year, this includes a session with Sponsors followed by a ritual at the Youth Mass and a session with a parent/Confirmand prayer service and a Parent Blessing at the Mass;
- Confirmation rehearsal with Sponsors;
- A letter to the pastor written by the candidate during or after the retreat explaining why he/she wants to be confirmed;
- Three Service Projects of approximately 3-5 hours each (minimum 10 hours total). 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 have questions regarding Confirmation, please feel free to contact me at diane@bede.org or 818-949-4324.

In Christ,

Diane Cwik
Confirmation Coordinator

Year 2 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

- Virtus “Protecting God’s Children” Permission Slip

- Family Commitment Form

- Retreat Permission Slip

- Retreat Behavioral Contract

- Retreat Medication Form

- Payment (payable to St. Bede the Venerable Church)

St. Bede the Venerable

A Catholic Community ~ Here to Worship, Called to Serve

CONFIRMATION REGISTRATION FORM — YEAR 2 (2014-2015)

Section 1: Candidate Information

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

Section 2 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: _____
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Section 3 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, a weekend retreat, and Sunday Mass.

Candidate's Signature _____

Father's Signature _____

Mother's Signature _____

Section 4 Fees and Deadlines

Fees:

- \$225.00 per one student for registered parishioner
- \$200.00 per additional family member
- \$275.00 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.

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.

For more information, visit the VIRTUS Online website at 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 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.

Choose Two Months:

Months in which you will bring snack or water (August-May):

(Alternate months)

AND Choose one of the following:

In addition, we will help with:

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

Parent Name _____ Phone _____



___ Good Friday Servathon, April 3rd, 2015:

Parent Name _____ Phone _____

___ Help out in the PREP office. ___ During the week. ___ On a Sunday.

___ 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)

St. Bede the Venerable Youth Retreat
CONFIRMATION PROGRAM
STUDENT TRAVEL/PARTICIPATION PERMISSION SLIP
(PARENT/GUARDIAN AUTHORIZATION)

NOTE : This form must be signed and returned to Religious Education Office

I give my permission for _____ to attend the following event with
(PRINT STUDENT'S NAME)
St. Bede the Venerable Catholic Community:

EVENT:	OVERNIGHT YEAR 2 CONFIRMATION RETREAT AT CIRCLE V RANCH CAMP, SANTA BARBARA	
DATES OF EVENT:	FRIDAY, APRIL 17-19, 2015	
TRAVEL DETAILS:	Friday, 4 pm	Meet St. Bede Parking Lot, Bus leaves from St. Bede parking lot at 4:30 PM sharp, dinner on the road.
	Friday 8PM	Estimated Time of Arrival at Circle V Ranch Camp
	Sunday 1:30p.m.	Bus leaves Circle V Ranch Camp
	4 pm	Estimated Time of Arrival at St. Bede

MEDICAL RELEASE AUTHORIZATION

As a parent and/ or guardian, I authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for the time period encompassing the event described above. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. If student has a requirement to take any over-the-counter or prescription medication, I give my permission for them to self administer. St. Bede and/or its agents can only administer medication with a parent/guardian and a doctor's written protocol.

PARENT/GUARDIAN'S PRINTED NAME: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Pager: _____

OTHER EMERGENCY CONTACT NAME: _____
Relationship: _____ Phone: _____ Cell: _____

FAMILY PHYSICIAN: _____ Phone: _____

HEALTH INSURANCE COMPANY: _____ Phone: _____ Policy #: _____

Specific medical allergies, chronic illnesses or other conditions: _____

I have read and understood all the details above regarding the event. In addition, I am aware of any prescribed or over-the-counter medications that my child will be carrying with them. **I understand St. Bede reserve the right to employ the use of substance tracking canine during the event.** I understand I will be called at any hour to retrieve my child in the event my child chooses to partake in any illicit or illegal substance or behavior.

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.

SIGNATURE OF PARENT/GUARDIAN: - _____ **DATE** _____

(Signature covers Permission for participation in the event above, Medical Release, and Release for Memorializing.)

2014-2015 YEAR 2 CONFIRMATION WEEKEND RETREAT USE OF MEDICATION FORM

Request for Medication to be Taken During Off Campus Activity

ALL PARTICIPANTS MUST SUBMIT THIS FORM

Section I-To be completed and *signed* by parent or guardian.

Print Name of Student (Last, First)		
I give my permission to the Confirmation Coordinator and/or volunteers involved in the weekend retreat to administer any of the following over the counter medications as needed or prescription medications (Section II) to my son/daughter _____ (teen name) while at the retreat.		
Acetaminophen, (Tylenol)	_____ Yes	_____ No
Ibuprofen, (Motrin, Advil)	_____ Yes	_____ No
Aleve	_____ Yes	_____ No
Pepto Bismol	_____ Yes	_____ No
Diphenhydramine (Benadryl)	_____ Yes	_____ No
Pseudoephedrine	_____ Yes	_____ No
Antibiotic Ointment	_____ Yes	_____ No
Calamine Lotion	_____ Yes	_____ No
Please list any known allergies and health history: _____		
<input type="checkbox"/> Yes, Medication required/requested. I request that my student (Named above) be assisted by authorized persons in taking these described medications while participating in retreat from (dates) _____ to _____.		
<input type="checkbox"/> No over the counter or prescription medication requested.-Check here, sign and return this		
Signature of Parent or Guardian	Home Telephone Number	Date Signed (Month/Day/Year)

Section II-To be completed and *signed* by a Physician if prescription medication is needed.

If your son/daughter needs to take prescriptive medications, his/her doctor needs to sign below. All medications must be given to the designated retreat "nurse". These medications will then be administered by the "nurse" at the appropriate time during the retreat. Please list any prescriptive medications your youth will be taking on this trip and the dose instructions.		
Medication	Dose	Times to be Administered
Precautions, special instructions, possible adverse effect(s) or comments:		
Name of Doctor _____ Signature _____		
Date _____		

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**2015 YEAR 2 CONFIRMATION WEEKEND RETREAT
BEHAVIORAL CONTRACT**

THERE WILL BE RESPECT FOR PROPERTY – The Circle V Ranch Camp and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.

THERE WILL BE CONCERN FOR SAFETY AND RESPECT FOR THE LAW There will be no non-prescription drugs or alcohol consumed or in any participant's possession. There will be no physical abuse of others or excessive foul language. Fighting of any kind will not be permitted. Participants may not leave the retreat center during the entire weekend. Any serious offense such as stealing; vandalism; excessive offensive language; sexual misconduct; weapon possession, and violent behavior including assault and battery will warrant immediate removal from the retreat. When a serious offense is committed, the parent(s) of the individual(s) involved will be contacted and expected to pick up his/her (their) child(ren).

THERE WILL BE APPROPRIATE CONDUCT AND BOUNDARIES TOWARDS MEMBERS OF THE OPPOSITE SEX – No visiting is allowed in sleeping areas occupied by the opposite sex. Dress Code is casual, but there will be **NO** strapless tops, ½ tops, see through tops, short shorts, skirts and dresses. All guys need to wear shirts at all times. Everyone will wear appropriate sleeping attire and will not be worn outside of the dorms.

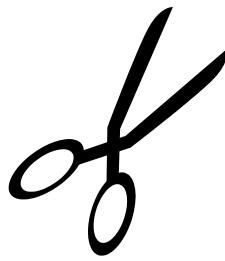
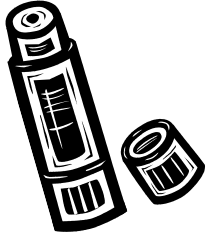
THERE WILL BE COOPERATION AND PARTICIPATION – Everyone will get the most of this retreat experience if we respect each other and participate in all the planned activities. To prevent distractions, cell phones or other electronic devices may not be used during the retreat. Should we see these devices being used, they will be confiscated and returned at the end of the retreat.

I HAVE READ AND I AGREE TO THE TERMS OF THIS CONTRACT:

Participant Name (printed) _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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

Thank you for your generosity!!!!