

**ST. RITA OF CASCIA PARISH**  
**CONFIRMATION YEAR 2 REQUIREMENTS & SCHEDULE 2018-2019**

**1. PARENT SESSIONS:**

- Wednesday, September 19, 2018, 7:00 p.m. - ALL REGISTRATION PAPERWORK/PAYMENT DUE
- Wednesday, January 9, 2019, 7:00 p.m. - RETREAT PAPERWORK/PAYMENT DUE

**2. MANDATORY CONFIRMATION SESSIONS/YOUTH MASS (4:00 – 6:30 P.M.)**

- September 15: Session 1
- October 27: Session 2
- November 17: **INTER-GENERATIONAL SESSION WITH SPONSORS AND/OR PARENTS at 3:30 p.m.**  
"Commitment to the Journey" Ritual at Youth Mass.
- December 8: Session 3
- January 19: Session 4
- February: No session. Weekend Retreat on February 8-10
- March 16: Session 5 (Confirmation Saint Name Assignment Due at Session)
- April 6: Session 6
- May 4: Session 7

**3. YOUTH NITES – 2<sup>ND</sup> & 4<sup>TH</sup> WEDNESDAYS, 7:00 – 8:30 PM (8 MINIMUM)**

August 22, Sept. 12 & 26, Oct. 10 & 24, Nov. 14 & 28, Dec. 12, Jan 16\* & 30\*, Feb. 13 & 27, Mar. 13 & 27, April 10, May 8 & 22, June 12 & 26.

**MAKE-UP YOUTH NITES:** Those who find it impossible to attend Wednesday Youth Nites at St. Rita may do make-ups by attending the Petrus Nights on Saturdays, 10/20, 12/8, 2/9, 6 - 9:30 p.m. at Sacred Heart Retreat Center in Alhambra. Please email [ymcoordinator@st-rita.org](mailto:ymcoordinator@st-rita.org) for more information.

**4. YOUTH CONFERENCE: (CHOOSE AT LEAST ONE):**

- November 3, 2018: Life Teen "Inspiration" at Magic Mountain  
**(Permission slip and payment due by 9/19/18 parent session.)**
- March 21, 2019: Youth Day at Anaheim Convention Center  
**(Permission slip and payment due by 12/8/18 at Session.)**
- August 2-4, 2019: City of Saints Weekend Conference at UCLA  
**(Permission slip and payment due by April 6, 2019 at Session.)**

**5. WEEKEND RETREAT AT BUCKHORN CAMP (FEBRUARY 8-10, 2019)**

Retreat packet to be available at December 8 Confirmation Session. Parents will need to attend the retreat information meeting on January 16, 2019 at 7 p.m. Retreat paperwork due at meeting.

**6. PARISH PARTICIPATION (MINIMUM 2 PARISH EVENTS AND/OR MINISTRIES):**

Sign-Up Sheet to be available at parent meeting.

**7. PARENT & CANDIDATE CORPORAL WORK OF MERCY (DUE BY APRIL 30, 2019):**

St. Francis Center Pantry Program, 2nd Saturday each month, 9:45 a.m. – 12:45 p.m. Need to sign up for one date.

**8. CONFIRMATION REHEARSAL & LITURGY (Dates to be announced end of October)**

**ST. RITA OF CASCIA PARISH**  
**YEAR 2 CONFIRMATION REGISTRATION CHECK LIST**

Please submit the following items to Confirmation Coordinator at  
St. Rita Parish, 50 East Alegria Ave., Sierra Madre CA 91024 by September 19, 2018

\_\_\_\_\_ Signed Registration Form

\_\_\_\_\_ Release for Memorializing / Earthquake Disaster Information

\_\_\_\_\_ Student and Youth Activity Permission Form

\_\_\_\_\_ Virtus "Teaching Touching Safety Program" Permission Slip

\_\_\_\_\_ Medication Authorization and Permission Form (if applicable)

\_\_\_\_\_ Total Payment (Non-Refundable): \$ 180\* (\$210 after 9/19)

Please make check payable to St. Rita Church.

Breakdown of fees:

- ◇ Registration: \$120 (\$150 after September 19)
- ◇ Materials: \$ 35
- ◇ Youth Nite: \$ 25

Weekend Retreat payment of \$175 to be collected separately with retreat paperwork at parent meeting on January 16, 2019.

Conference payment depends on conference selection and will be collected separately with respective paperwork:

- ◇ Magic Mountain: \$55 (\$25 with season pass) due at 09/19/18.
- ◇ Youth Day at Anaheim Convention Center: \$55 due by 12/08/18 session.
- ◇ City of Saints weekend conference at UCLA: \$210 due by 04/06/19 session.

St. Rita Faith Formation will not turn away anyone who faces financial hardship. Please contact Theresa Costanzo directly at [dff@st-rita.org](mailto:dff@st-rita.org) if your family needs financial assistance.

**St. Rita of Cascia Parish**  
**CONFIRMATION REGISTRATION FORM - YEAR 2**  
**2018 - 2019 School Year**

Name: \_\_\_\_\_  
Last Name
First Name
Middle Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Candidate's Cell Phone: \_\_\_\_\_ Candidate's Email: \_\_\_\_\_

School Attending in Fall '18: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

<b>Father's Contact Information:</b> Email Address: _____ Home phone: _____ Work phone: _____ Cell phone: _____	<b>Mother's Contact Information:</b> Email Address: _____ Home phone: _____ Work phone: _____ Cell phone: _____
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- Year 2 Confirmation Program Requirements - All are Mandatory**
- Family to attend Mass together every Sunday (or Saturday Vigil Mass) and holy days of obligation.
  - Two parent meetings: 09/19/18 and 01/09/19.
  - Monthly Confirmation Sessions with Youth Mass, Saturdays, 4:00 - 6:30 p.m. (see Schedule)
  - Sponsor & Candidate Session with Ritual at Mass on November 17, 2018, 3:30 - 6:30 p.m.
  - "Youth Nites" (Attend 8 minimum. See schedule.)
  - Parish participation (serving/participating at two St. Rita parish events).
  - Youth conference (One minimum).
  - Weekend Retreat on February 8-10, 2019.
  - Parent & candidate Corporal Work of Mercy (choose one 2nd Saturday date at St. Francis Center).
  - Confirmation rehearsal for candidates and sponsors in Spring 2019 (date TBD in November).

**Parent/Candidate Commitment Agreement (Signature is required for registration):**

We are committed to meeting the year 2 Confirmation program requirements stated above:

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

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guadian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Fees (non-refundable):</b> \$180 for complete paperwork received by September 19, 2018. \$210 for complete paperwork received after September 19, 2018. 50% discount for each additional family member.  Check payable to St. Rita Church Address: St. Rita Youth Ministry, 50 East Alegria Ave., Sierra Madre CA 91024	<b>For Office Use Only</b> Date Received: _____ By: _____ Paid: _____ Cash/Check # _____ Virtus Form _____ Baptismal Certificate _____
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St. Rita of Cascia Parish  
**CONFIRMATION PREPARATION PROCESS**

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

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**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 “Teaching Touching Safety” Program for High School Youth**  
**Archdiocese of Los Angeles**  
**“2018–2019 Permission Slip”**

**TO:** Parent or Guardian

**FROM:** St. Rita Youth Ministry / Confirmation Program

**SUBJECT:** VIRTUS® *Teaching Touching Safety* Program for High School Youth

**DATE:** August 2018

We are committed to your teenager’s safety and well-being. Almost daily, we hear of incidents of sexual abuse happening. That is why learning how to prevent it is important that not only, we as adults must learn how to keep our young people safe, but that we also teach them to keep themselves safe.

**St. Rita Youth Ministry** will present a sexual abuse prevention program called VIRTUS® *Teaching Touching Safety* to Confirmation candidates at a Saturday Confirmation session during the year (date tbd). The creators of the *Protecting God’s Children*™ program developed the *Teaching Touching Safety* program to be age-appropriate for teens in a three-year topic rotation. Hence, this year’s topic will not be the same as last year’s topic. Topics may include internet and technology safety, setting boundaries, bullying, cyber stalking, date rape, etc.

This program is provided 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 youth to protect all children from sexual abuse. For more information on the *Touching Safety* program, you may visit the VIRTUS *Online*™ website at [www.virtus.org](http://www.virtus.org).

If you have questions about the program, or would like to review any of the materials, please feel free to contact at Theresa Costanzo at [dff@st-rita.org](mailto:dff@st-rita.org).



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**St. Rita Youth Ministry**  
**Parent Permission Slip for the VIRTUS® *Teaching Touching Safety* Program**  
**2018-2019**

I understand that for my child to participate in the VIRTUS® “Touching Safety Program” I need to fill out and return this Parent Permission Form. I request that St. Rita Youth Ministry present the *Touching Safety* program to my teenage son/daughter:

Youth’s Name: \_\_\_\_\_

Parent’s Name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Archdiocese of Los Angeles  
Medication Authorization and Permission Form**

**Location:** \_\_\_\_\_

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

**I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.**

Last Name of Minor	First Name	Sex	Birth Date
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Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

\_\_\_\_\_  
Purpose of Medication or Diagnosis

_____ Dosage Prescribed	_____ Date/Time Schedule	_____ Dose Form (tablet/liquid)
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Please notify this office if patient misses medication Yes  No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

_____ Print Name of Licensed Physician	_____ Signature of Licensed Physician	_____ Date
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\_\_\_\_\_  
Physician Address and Phone Number

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

**Parent/Guardian Name:** \_\_\_\_\_ **Emergency phone number:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_