



ST. LOUISE PARISH
Confirmation 2019-2020



*****Registration Packet*****

Checklist

- Registration Form
- Learning Agreement
- Parent/Guardian Consent Form and Liability Waiver (for the retreat)
- Medical Form and Photograph and Video Consent
- Code of Behavior and Norms for Youth Participants
- Copy of Baptismal Certificate
- Registration fee payment

*****Submit all of these forms by October 20, 2019*****

----- (cut here and keep the bottom portion) -----

Other Important To-Do's

- Ensure all dates are in my calendar!
- Sign up for Flocknote (see page 7-8 in the *Information Packet*).
- Choose my sponsor, give the name to Fr. Carlos by April 23, 2020.
- Choose a Confirmation name, give the name to Fr. Carlos by May 7, 2020.
- Keep the log for my Service Hours, turn it in by May 7, 2020.
- Continue being awesome!



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Learning Agreement

As a candidate for Confirmation, I, _____, will;

- attend all Confirmation Preparation events, including the Confirmation retreat (Nov. 15-17)
- arrive shortly before all scheduled events
- **attend all 13 confirmation classes (or arrange for a one-on-one if I miss a class)**
- complete all 20 service hours
- If I choose to be a minister at mass, I will sign up accordingly and be ready to **start participating in ministry in November 2019 through any of the following:**
 - Ushers
 - Eucharistic Ministers
 - Ministers of the Word
 - Sacristans
 - Music Ministers
 - Altar Server
- make an honest effort to be open and to fully, consciously and actively participate in our preparation activities.
- not use my cell phone during Confirmation prep activities

I have read and understand the terms of the Confirmation Preparation Guidelines. As a Confirmation Candidate, I agree to abide by and uphold these guidelines during my time in the Confirmation Preparation Program at St. Louise. I understand that if for any reason I find I cannot fulfill these guidelines, I will schedule a time to meet with Fr. Carlos to discuss my situation as soon as possible.

 Candidate's Printed Name

 Candidate's Signature

 Date

As the parent of a Confirmation Candidate, I understand that the journey toward Confirmation is my child's decision, and it will be their choice whether or not to receive at the end of their participation in classes. I agree to support my child in their discernment of the Sacrament of Confirmation by affirming their active participation the program requirements. I will encourage my child to contact Fr. Carlos directly with any questions or concerns they may have regarding their participation and progress in the Confirmation Preparation Program, and I will pray for and encourage them in their spiritual journey towards a transformation of the heart.

 Parent's Printed Name

 Parent's Signature

 Date



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Registration Form/Inscripción *(please write clearly/favor de escribir claramente)*

<p>Last Name/Apellido:</p> <p>_____</p> <p>First & Middle Name/Primer y segundo nombre:</p> <p>_____</p> <p>What name do you go by? ¿Cuál nombre prefieres usemos para ti?</p> <p>_____</p> <p>Date of Birth/Fecha de nacimiento: ____ / ____ / ____</p> <p>Grade/Grado: ____ School/Escuela: _____</p> <p>Candidate's Email/Correo electrónico del candidato:</p> <p>_____</p> <p>Candidate's Mobile #/Número cel. del candidato:</p> <p>(____) _____ - _____</p>	<p>Place of Baptism/Lugar de Bautismo (If the candidate was baptized at St. Louise Church all we need is the date of Baptism/ <i>Si fue bautizado en Sta. Luisa, solo necesitamos la fecha de bautismo</i>)</p> <p>Name of Church/ Nombre de la parroquia:</p> <p>_____</p> <p>Address of Church/ Dirección de la parroquia:</p> <p>_____</p> <p>City/Ciudad: _____</p> <p>State/Estado: _____</p> <p>Zip Code: _____</p> <p>Date of Baptism/Fecha de bautismo:</p> <p>____ / ____ / ____</p> <p>***Please include a copy of the baptismal certificate with this form.*** ***Por favor incluya copia del acta de bautismo con esta registraci3n***</p>
<p>Home Mailing Address/Direcci3n de casa:</p> <p>_____</p> <p>City/Ciudad: _____ Zip: _____</p>	<p>I will like to participate as a minister at mass to count for service hours/Deseo ayudar en misa como ministro para mis horas de servicio.</p> <p><input type="checkbox"/> Yes/Si <input type="checkbox"/> No <input type="checkbox"/> I already do/Ya lo hago</p> <p>Ministry/Ministerio: _____</p> <p>Mass time/Cual misa: _____</p>
<p>Father's Name (First, Middle, Last)/ Nombre completo del padre:</p> <p>_____</p> <p>Email/Correo: _____</p> <p>Cell#/#M3vil : (____) _____ - _____</p>	<p>Mother's Name (First, Middle, Last)/ Nombre completo de la madre:</p> <p>_____</p> <p>Email/Correo: _____</p> <p>Cell#/#M3vil : (____) _____ - _____</p>

No student will EVER be turned away due for financial reasons. If you need financial assistance or set up a payment plan please contact Fr. Carlos.

COST: \$150

- Cash
- Check
- Online
- Card/office

Ning3n estudiante ser3 rechazado por raz3n financiera. Si requieres asistencia financiera o quiere establecer un plan del pago mensual, por favor contacta al Padre Carlos.

Fr. Carlos Orozco | (425) 747-4450 | youthconfirmation@stlouis.org



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Archdiocese of Seattle
Parent/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

e-mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from St. Louise Parish.
 (Name of Organization)

A brief description of the activity follows:

Type of event: Confirmation Retreat 2019

Location of event: Camp Arnold, 33712 Webster Rd E, Eatonville, WA 98328

Individual(s) in charge: Fr. Carlos Orozco, Parochial Vicar

Date and time of departure: Friday, Nov. 15, evening time TBD Return: Sunday, Nov. 17 around 12:00pm

Mode of transportation to and from event: TBD

Cost: Included in the application fee

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) St. Louise Parish, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Parent/Guardian Signature: _____ Date: _____

Medical Matters:

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.

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 any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Other Medical Treatment:

In the event it comes to the attention of the organization, its officers, directors and agents and the Seattle Archdiocese, chaperones, or representatives associated with the event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Parent/Guardian Signature: _____ Date: _____

Medications:

My child is taking medication at present. My child will bring all such medications necessary in well-labeled containers, and deliver them to the chaperone in charge. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Parent/Guardian Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____

I hereby grant permission for non-prescription medication such as acetaminophen, throat lozenges, cough syrup, to be given to my child, if deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

Specific Medical Information: *(The organization 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 disease or conditions, such as mumps, measles, chickenpox, etc.? _____

If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

Photograph and Video Consent:

From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of this youth _____ (name) authorize and give full consent, without limitation or reservation, to St. Louise Parish to publish any photograph or video in which the above named student appears while participating in any program associated with St. Louise Parish. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Code of Behavior and Norms for Youth Participants

Events Sponsored by the Archdiocese of Seattle

In order to assure the safe and successful participation of youth and adults at gatherings sponsored by the Archdiocese of Seattle, the following code of behavior is to be followed. You are expected to represent your parish, school, and the Archdiocese during all gatherings. You are encouraged to display the mature, responsible character which has for so many years been the trademark of Catholic Youth Ministry within the Archdiocese.

SOME NORMS FOR PARTICIPATION:

1. Individuals are responsible for their own actions, and will be asked to assume the consequences for their inappropriate behavior.
2. The purchase and/or use of tobacco or cannabis products by minors is not tolerated.
3. The purchase, possession, or consumption of beer, wine, or other alcoholic beverages is not tolerated. Infraction of this means the immediate dismissal from the event.
4. The possession or use of illegal drugs by any individual is not tolerated. Infraction of this means the immediate dismissal from the event, and further action will be taken.
5. For the protection and safety of all participants, acts of violence or harassment are not tolerated. Such acts include fighting, physical or verbal assault/abuse, ethnic insults, and profane or obscene language, gestures, or actions.
6. Possession of any weapon (includes pocket knives) is strictly prohibited. Anyone who brings a weapon to an event will be asked to surrender it to leaders and further action will be taken.
7. Disruptive behavior, language, clothing, or items are not acceptable at events. This includes any which is obscene, profane, or inappropriate to the activities of the Archdiocese.
8. Appropriate clothing is expected.
9. Any form of gambling is strictly prohibited.
10. Participants are expected to take direction from their adult leaders.
11. In the event that behavior requires extreme action, it is to result in dismissal from the event. Parents will be contacted and participants will be sent home.

The Archdiocese of Seattle does not insure personal property against theft or loss; please exercise caution regarding your personal items.

You are expected to observe the guidelines above in light of Washington State statutes and definitions. The Archdiocese of Seattle respectfully asks for your cooperation and hopes that you will have no trouble adhering to this code of behavior. Keep in mind that you represent the Church at all times during the event and are asked to demonstrate an image of Christian consideration, sensitivity, and respect to others and to the property around you.

I HAVE READ AND UNDERSTAND THE CODE OF BEHAVIOR ABOVE AND WILL ADHERE TO THE REQUIREMENTS DICTATED BY THIS CODE.

Participant's Printed Name

Participant's Signature

Date

Parent's Printed Name

Parent's Signature

Date

Fr. Carlos Orozco

Group Leader's Name

Group Leader's Signature

Date