

# Confirmation Registration 2019

The sacrament of Confirmation is one part of the Church's sacraments of initiation, together with Baptism and Eucharist. Confirmation brings to fullness the grace of Baptism by a special outpouring of the gifts of the Holy Spirit, which seal the baptized in union with Christ. This sealed union and the gifts outpoured, equip the baptized for full and active participation in the worship and apostolic life of the Church. Every baptized person not yet confirmed can and should receive the sacrament of Confirmation.



For those young people who will be entering the ninth grade and **who have completed the seventh and eighth levels of formal, Catholic religious education**, it is now the time when they are encouraged to enter the preparation program for the sacrament of Confirmation.

Attached are the following documents:

- **Tentative** Schedule that is subject to change (KEEP THIS PAGE)
- Registration Form & Fee Payment Sheet (Must be submitted with copy of Baptismal Proof)
- Annual Consent & Release Form (to be completed and signed by the parent/guardian)

When submitting your completed registration form, consent/release form, and program fee, you **MUST** also submit a copy of the candidate's baptismal certificate, unless the candidate was baptized at St. Joseph or St. Rose of Lima.

If you are experiencing financial difficulties, please directly contact me to discuss the options available. You may contact my office with your questions.

Sincerely,

Mark E. Winterbottom  
Confirmation Preparation Coordinator

SJConfirmation19709@gmail.com

*“By the sacrament of Confirmation, the baptized are more perfectly bound to the Church and are enriched with a special strength of the Holy Spirit. Hence they are, as true witnesses of Christ, more strictly obliged to spread and defend the faith by word and deed” (Lumen gentium, 11).*

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**CURRENT AS OF MARCH 1, 2019**

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**Confirmation Information Meetings for Candidates and Parents**

**Sunday, September 8, 2019 at 2:30pm in *St. Joseph Parish Hall***

**OR**

**Monday, September 9, 2019 at 6:00pm in *St. Joseph Parish Hall***

**Incoming Class hosts the reception for the outgoing confirmation class**

**Saturday, October 12, 2019, from 1:30pm to 3:30pm in *St. Joseph Parish Hall***

**Candidate Initial session, Mass with the families, and Rite of Entrance at Mass**

**Saturday, December 7, 2019 at 3:30pm in *St. Joseph Parish Hall*, followed by 5:00pm Mass with families**

**Formation Sessions for Candidates, all taking place from 2:00pm – 4:00pm, at *St. Joseph Parish Hall***

**January 12, 2020 and January 26, 2020**

**February 9, 2020 and February 23, 2020**

**March 8, 2020 and March 22, 2020**

**April 5, 2020 and April 19, 2020**

**May 3, 2020 (We only meet on this class if we have a weather cancellation for one of the above dates.)**

**Candidate Pilgrimages may be completed over the summer or at the Diocesan Pilgrimage:**

**Diocesan Youth Pilgrimage – Saturday, April 4, 2020 with the Bishop in Wilmington**

**Candidate Retreat Day**

**September 19, 2020, at *St. Joseph Parish Hall***

**Confirmation Rehearsal:**

**Tuesday before confirmation, at 7:00pm in St. Joseph Church**

**Confirmation Mass:**

**Bishop's Schedule to be released in the Fall 2019**



**PROGRAM REGISTRATION**  
**SACRAMENT OF CONFIRMATION**

**St. Joseph Parish**  
**Confirmation Program**  
371 E. Main St.  
Middletown, DE 19709  
SJConifrmation19709@gmail.com

*Office use only*

CHECK \_\_\_\_\_

Payment \_\_\_\_\_

Balance \_\_\_\_\_

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

**Candidate Information**

Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church of Baptism and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*YOU MUST ATTACH A COPY OF THE CANDIDATE'S BAPTISMAL RECORD\*\*\***

Did the candidate complete their **previous two consecutive years** of Religious Education at St. Joseph Parish?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If the answer is NO, you must attach the official documentation)

Indicate any allergies, medical condition, or special needs: \_\_\_\_\_

Father's Full Name

Mother's First & **Maiden Name**

Candidate's primary residence: Street Address City State Zip

HOME: MOBILE: WORK:

Father's Phone Numbers:

HOME: MOBILE: WORK:

Mother's Phone Numbers:

Parent E-Mail: \_\_\_\_\_

Per Candidate	<b>\$135</b>
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Payment Options:

- \_\_\_\_\_ Cash
- \_\_\_\_\_ Credit/Debit
- \_\_\_\_\_ Check

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Name as it appears on Credit Card:

\_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Credit Card Authorization Signature:

\_\_\_\_\_

*If your family is experiencing extraordinary financial difficulty, please contact Mr. Winterbottom at SJConifrmation19709@gmail.com in order to discuss financial aid options. No student will be denied enrollment due to an inability to pay. All information is confidential.*

# FORM A: ANNUAL CONSENT AND RELEASE



## DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

**PARISH/SCHOOL** St. Joseph Parish - 371 E. Main Street, Middletown, DE 19709

**Personal Information**

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Secondary Parent Email	Parent/Emergency Cell Phone		

**Medical Information**

Family Doctor	Phone
Family Dentist	Phone
Insurance Provider	Policy# <span style="float: right;">Acct./ID#</span>

- \*  Yes  No Has the young person ever been seen by a heart specialist for a heart condition?
- \*  Yes  No Has the young person had a broken bone in the past six (6) months?
- \*  Yes  No Has the young person had surgery in the past six (6) months?
- \*  Yes  No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- \*  Yes  No Is the young person allergic to bee stings?
- \*  Yes  No Does the young person have asthma?\*
- \*  Yes  No Are there any serious medical conditions of which the Youth Minister or Director of Religious Education should be aware?\*

*\*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an \* above will not endanger the young person.*

Current Prescription Medications	
Please list all allergies related to medicine, food, latex, etc.	

**Parent/Guardian Information (Mother)**

Full Name of Mother/Stepmother		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

**Parent/Guardian Information (Father)**

Full Name of Father/Stepfather		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

School	Grade (Fall 2017)
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**In Case of Emergency**

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

**Personal Electronic Technology Devices (PTD)**

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

**Permission and Hold Harmless**

**I hereby give my consent** for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

**I understand** that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

**I understand** that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

**I affirm** that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

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

**Relationship to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_